MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02696

1		6611	CERTIFICA	IE OF DEATH						
		ALLEGANY	MARYLAND	2. USUAL RESIDENCE (When a. STATE MARYLAN	re deceased lived. If institution b. COUNTY	A LLEGANY				
	Ь.	CITY OR TOWN (If outside carporate limits, write RURAL and give recrest lawn)	c. LENGTH OF STAY IN 16	CUMBERL	side corporate limits, write RUI AND	RAL and give nearest town)				
0	d	MEMORIAL & WARWICK AVE		d. STREET ADDRESS 309 CECE	e. IS RESIDENCE ON A FARM? YES NO 🔯					
	D	AME OF First ECEASED (CLARA)	Middle Eftie	AGER	OF MARCH	14 19 60				
	5. SE	FEMALE 6. COLOR OR RACE WHITE WIDOW		B. DATE OF BIRTH FEB. 15, 188	Sand Additional	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
		USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife	own home	OLDTOWN,		12. CITIZEN OF WHAT COUNTRY?				
1	13. F.	Tolberit STALLINGS		Mary E						
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. 7 No. 7 No. 10 No.									
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BETWE ONSET AND DEATH ON									
	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the under. DUE TO Ying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS	Virteb	rne	al disease condition gives	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, ye YE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH ON TOTAL THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, ye YE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH OTHER SIGNIFICANT CONTRIBUTION TO DEATH OTHER										
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a.m. 19 While p. m. 19	Nat while fo	ACE OF INJURY (Home, form, clory, street, affice bidg., etc.)	20f. (City or town)	(County) (State)				
		21. I certify that (I) (this hospital) attends saw the deceased alive on Man	ded the deceosed from 14 19 66 and that			, 19 Lothat (I) (we) lost I an the dote stated obave.				
		220. SIGNATURE Clary, &	unett		STAFF PHYS.	3/15/60 3/15/60				
,		PHYSICIAN'S NAME (Type) DR • DURRETT		236 Va. Ca	vi Cum	berland rad				
	В	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/16/60		e Cem.		Maryland				
	24, F	H. Wayne George Cu	mberland, M	1		Inthus S. Krasa				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

2. *** RAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers the State Board of Health priv. *** burial, cremation, or remayol, and in any event, return ?? haves a 0 VR A15 (4) 15M 9/59

on the funeral director, and 2 should be filed with

Deg I STATE OF THE PERSON 0 . . . - 1211, o 111, o 1 **** The state of the s And the same of th

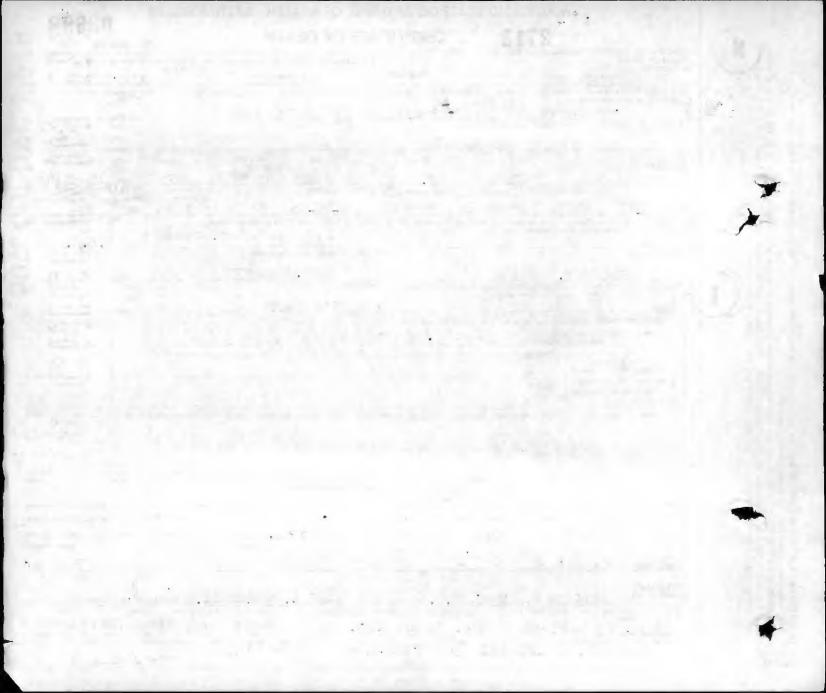
	6116	CERTITIES	AIL OI DEAT							
1. PLACE OF DEATH o. COUNTY ALL	EGANY	MARYLAND	2. USUAL RESIDENCE (a. STATE PENNS		COLINTY		admission)			
b. CITY OR TOWN I	If outside corporate limits, write earest town) LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f autside carporote lin AN	nits, write RURAL	ond give neares	at town)			
MEMORIARS MEMORIAL	AUSPITAL Give street & WARWICK AVES.	address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	First	Middle BELL	APPLING	4. DATE OF DEATH	Month MRCH	21 Day	Year 19 60			
S. SEX FEMALE	WHITE WIDOW		8. DATE OF BIRTH SEPT. 4	9. AG	E (in years IF UI birthdoy) Mon	NDER 1 YEAR IF	UNDER 24 HRS. Haurs Min.			
10a. USUAL OCCUPATI during mast of war	ON (Give kind of work done 10b. king life, even if refired) Housewife	KIND OF BUSINESS OR IND	PENNSYLV		12	Z. CITIZEN OF W	HAT COUNTRY?			
13. FATHER'S NAME JOSEP	H DIVELBLISS		14. MOTHER'S MAIDE	ACCIE	lle Der	neen				
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	MEMORIAL HOS	PITAL	CUMBERLA					
Conditions, if a gave rise to cause (o), stoting lying couse lost.	the under-	exercitis.	hite inny	chicaled s	by time	inal ap	Mex Edy			
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN		WAS AUTOPSY PERFORMED? 'ES NO 4			
U (IF EITHER, NOTIF)	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)									
20c. TIME OF INJU Haur o. m. p. m.	18									
	21. I certify that (1) (this haspital) attended the deceased from Merita 13. 1960, to Merita 21. 1960, that (1) (we) last saw the deceased alive an Merita 21. 1960, and that death accurred at 0:25 film the causes and an the date stated above.									
22a. SIGNATURE										
22c PHYSICIAN'S NAME (Type)	DR. JOHN TOPPER		22d. ADDRESS HYNDM	AN, PENNA.						
23a. BURIAL, CREMATIC REMOVAL (Specify Burial		23c, NAME OF CEMETERY 1960 Hyndma:	or crematory n Cemetery	23d. LOCATION (city, town, or cou man, Pa		(Stote)			
24 FUNERAL DIRECTOR		ADDRESS Hyrndman Pa	25a. R	EC'D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE				

3. a)* 54,514 11,11 20 1 1 1 1 1 1 1 1 2 2 2 2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2713 CERTIFICATE OF DEATH

		74	1.40							Reg. Dist	i. No.	
1.	PLACE OF DEATH				- 11	USUAL RESIDEN	CE (WI	nere decease	d lived. If instituti	on: Residence	e before od	mission)
		LLEGANY		MARYLA	MD		RYT	AND	B. COUNTT	ALLE	GANY	
	b. CITY OR TOWN (RURAL and give n	(If outside corporate (im learest town)	ils, write	c. LENGTH OF STAY IN	116	c. CITY OR TOW	/N (If c	outside corpo	rate limits, write R	URAL ond gi	ve nearest !	lown)
_		IMBERLAND		16 hours	1/			1 GAP				
1	OR INSTITUTION	TAL (If not in hospital), (ACRED HEART	***	oddress) Spital	1	d. STREET ADDR	RESS				01	RESIDENCE N.A FARM?
3.	NAME OF	Financi		Middle		1		A DATE		.6		
	DECEASED			Wildle		lost		4. DATE OF DEATH	Mon	TIG.	Day	Year
_	(Type or print)	TO	12.4	F	Y Va	BARI	В	DEATH	3	TIE CONTROL OF	19	1960 NDER 24 HRS
Ja.	SEX	6. COLOR OR RACE	- MARI	TIED NEVER MARRIED	10	ATE OF BIRTH			9. AGE (In years last birthday)	-	Days Hou	
	MALE	WHITE	WIDOW			9-25-56			3 yrs.			
00	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State	_		Ste.	EN OF WHA	AT COUNTRY
	None	ming me, even in territor	'			MARY	LANT.	Cui	mberland	1	U.S.A	
3.	FATHER'S NAME				14	. MOTHER'S MA					V. S. D. LA	
	MAJ	RLIN H. B	arb			Louis	SE I	WALKER				
ģ.	WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			Add	ress		
"	No	(if yes, give wor or oches or s		None		PT'S C	LTA PO	Р				
		ATH [Enter only one co	uun one lie	ne for (a) (b) and (c))	-		LALL				INTERVAL	BETWEEN
		ATH WAS CAUSED BY:	rose per tr		-0	~ 1	1	2 /	14		ONSET A	NO DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Ocale fulkinating Tracker branchite								1	KLS		
	500	DUE TO		0	/							
	Conditions, if	ony, which)										
	gave rise to	immediate (
	cause (a), stating the under-											
_	lying cause lost.	,) (e	-	-						-	1	
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE	E TERM	INAL DISEAS	E CONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED?
CERTIFICATION	20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of inj	ury in	Part I or Par	t II of item 1B.)			
	20c. TIME OF INJUI		or 204 H	NJURY OCCURRED 20	D. DIACE	OF INJURY (Hom		1 206 (01)		100		IC baka
MEDICAL	Hour o. m.		While	Not while	factory.	, street, office bld	lg., etc	.) 201. (City	or town;	(6	ounty)	(Stote
ΑE	p. m.	19	of wor					i				
	21 L certify t	hat I attended the	decens	ed from 3-/1	7	1960,1		3-10	1960	That I las	t saw the	decente
	alive on	3 14	. 19 6									
	diffe on		, 129	$2Q_{}$, and that d	earn ac	correa art						TEG GDOVE
	ACTUAL			Λ,				WDDKE22 (2	treet, city or lown,	storej		DATE SIGNE
	SIGNATURE	Willeen	- 6%	Janes	M.D.						3	-21-60
	PHYSICIAN'S NAME (Type)	WITTIAM P	TAM	rs M.D.		<u> </u>	M.	CEMPE	ST. C	mb.	Luc	e.
220	BURIAL, CREMATIC)F	22c. NAME OF CEMETI	ERY OR CR				TION (City, Iown,	or county)	1	State)
	REMOVAL (Specify Buria))	Mt. Tabor				Near	Cumber	tand,		
23.	FUNERAL DIRECTOR	TO CLONIA TUDE		ADDRESS		8.3 24	. 195C	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	NATURE	
	. Jame	s F. Scar	pell	i Cumberla	and,	ad DA		P 2Y 3EGIS	1	hun & H		



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the egistrar priar to burial, cremation,

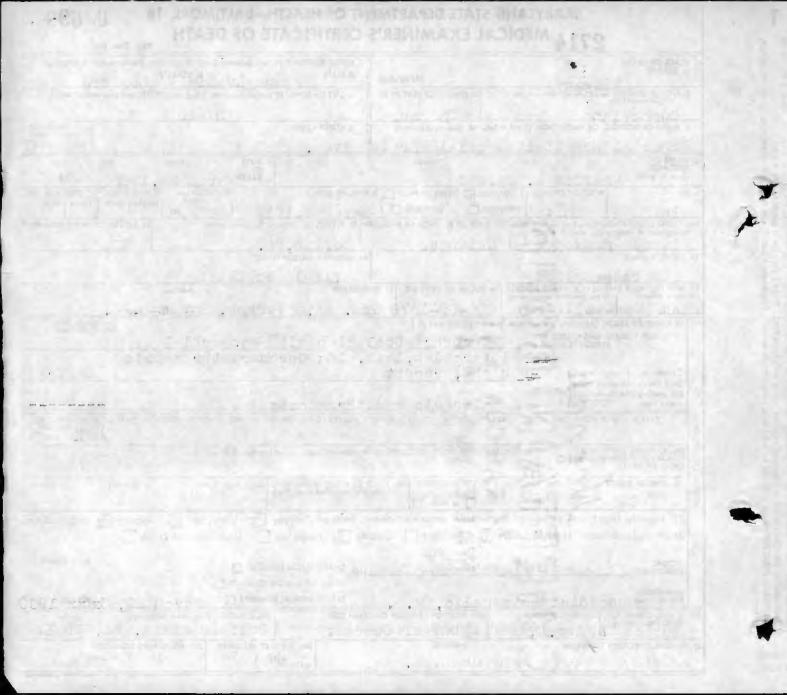
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02699

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T	WILI							Keg. Dis	r. No.	
1. PLACE OF DEATH					DENCE (When	e deceased live			ce before odr	nission)
7.7.7	ogany		MARYLAND	o. STATE	Penns	svlvan	b. COUNT	Bed 1	ford	V
b. CITY OR TOWN (If a and give negres)	utside corporate limits, write R	URAL C. LENGTH	OF STAY IN 15	c. CITY OR		side corporale				own)
Cumberla	nd	3	hours			Hynd	man		75X	- 5
	OR INSTITUTION (IF	at in hospital, give stre	et oddress)	d. STREET A	DORESS					RESIDENCE
Memorial	Hospital	Memorial&	Warwic	k Aves						- NO □
NAME OF DECEASED	First	N	Aiddle	Lost		DATE	Menth	1	Day	Year
	narles E.	Barnes				DEATHMar	ch 29	1960		19
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER	MARRIED 8	. DATE OF BIRTH		9. AG	E (In years pirthday)	IF UNDER 11		DER 24 HRS.
Wale	White V	NIDOWED DIV	ORCED 🔲	March ;	3.1917	7 4	3 yrs.	Months De	ays Hours	Min.
Oa. USUAL OCCUPATION during most of working	(Give kind of work dor	ne 10b, KIND OF BUSIN	NESS OR INDUST	RY 11. BIRTHPLA	CE (Stote or f	oreign country)		12. CITIZE	N OF WHAT	COUNTRY?
A 7	molovee	Celanes	se	Ber1	in Pa			US	SA	
13. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAM	E				
Charles				Vir	gie So	chilli	ng.			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOCIAL SECUR	RITY NO. 17. I	NFORMANT			Address		-, 111	
Yes	WW11 Army	208-09-	-1879 N	Irs. Ma:	ry Bar	cnes.	Hyndn	ian.Pa		
	Enter only one cause								INTERVAL BETY ONSET AND D	VEEN EATH
	WAS CAUSED BY:	Corona	ry Occ	lusion	with	Myocar	dial			
420.	/ Dyame.	infarcti	on, lef	t, old;	Coron	ary th	romb	osis		
Conditions, if any		right, r	ecent						24	Hrs (
gave rise to immedia (0), stating the un										
couse lost.	(c)_	Scleros								
PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT N	NOT RELATED TO 1	HE TERMINAL	DISEASE CON	DITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY ORMED?
3									YES 🔝	NO 🗍
PRIMARY TI OF CONT	RIBUTING ()	DESCRIBE HOW INJURY	OCCURRED. (E	inter nature of inju	ury in Port I ar	r Port II of item	18.)			
CAUSE OF DEATH.										
20c. TIME OF INJURY	Month, Day, Year	While Not wh	Same.	CE OF INJURY (Hory, street, office !	ome, form, i 2 bldg., etc.)	Of. (City or tow	n)	(Count	(y)	(Stote)
	19	of work at work			i					
	it I taak charge a				Autopsy [Inspec	tian V,	Inquiry	3, and	find that
death resulted f	rom: Natural ca	uses X. Accide	ent 🔲, Sui	cide 🔲, Ho	omicide 🗀], Undete	rmined c	ouse .		
1	, –	1/1/2	/	1						
SIGNATURE D	enedict	Skila	relie	M.D. CHIEF ME	EDICAL EXAMI	INER 🔲			DATE	Cambis
EXAMINER'S				ASSISTAN	(T MEDICAL E)	XAMINER 🔲				
NAME (Type) BO	nedict Sk	itarelic.	M.D.	DEPUTY A	MEDICAL EXAM	MINER T	Marc	h 29	1959	1960
20. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF	F CEMETERY OR			LOCATION ((Sto	ite)
Burial	Apr.2,1			metery	E	Buffalo	o Mil	ls, F	a. RI	州1
3. FUNERAL DIRECTOR'S	11-11	ADDRESS			24g. REC'D BY			TRAR'S SIGN		
Atterber 1	V for allen	Hyndman.	Pa.		DATE APR	1 '60	Cin	Thur S. 9	Travelle	

or remayal. VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02760

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Cumberland D. 5 . A . Mt. Savage. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Sacred Heart Hospital New Row YES NO 3. NAME OF First Middle DATE Month Day Year DECEASED C. 5th. (Type or print) Barrett DEATH March 19 60 Agnes 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Manths April 5th, 1905 Houn WIDOWED | DIVORCED [White Female 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) Self-employed Clerk Confect. Store Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barrett James Mary V. Lucky 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Mt. Savage, Arthur Walsh 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) Hrs DUE TO Conditions, if ony, which Coronary Sclerosis gave rise la immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES | NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Nat while o. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy []. Inspection . Inquiry To and find that death resulted fram: Natural causes -Accident , Suicide , Hamicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Banedict Skitarelic M.D. DEPUTY MEDICAL EXAMINER March 5. 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) -5-60St.Patrick's Cemeterv Burial Mt. Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus DATE AR B

VS. A15ME(S) 5M 9/55

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DEPUTY

cute the

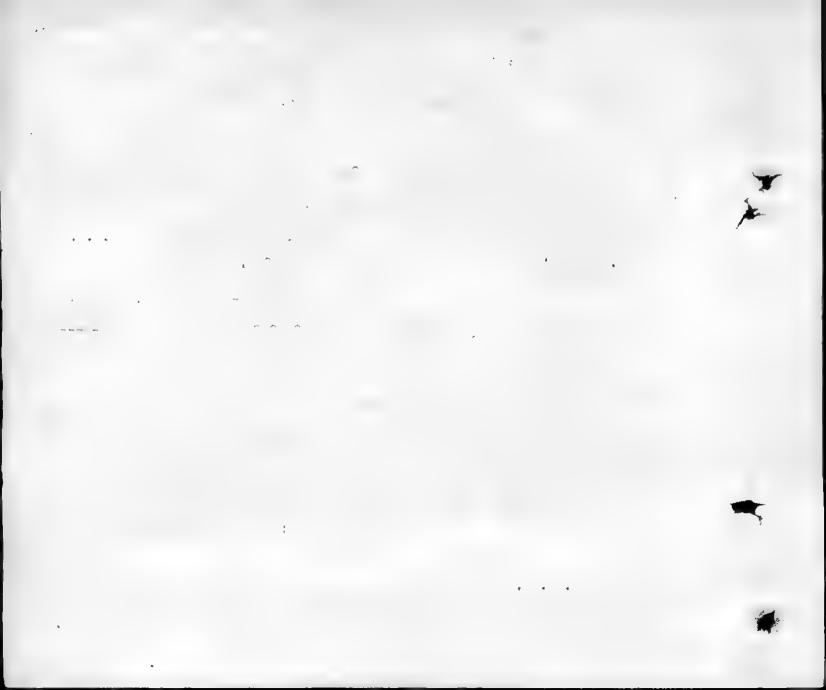
HTABO TO STADISITISO STICKIMANOS LADICIMA - BLOS CALL HOLDS INCHES BACKETS The house the table to the late.

VR A1S (4) 1SM 9/S9

20412+1147

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2716 CERTIFICATE OF DEATH

)		PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE MARYLAND b. COUNTY ALLEGANY						
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) CUMBER LAND	2 DAYS	CITY OR TOWN (IF	outside corporate lun					
* *		d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTE HOSPITAL	et oddress)	/ d. street Address 320 F	RONT STRE	ET	e. IS RESIDENCE ON A FARM? YES NO X			
		NAME OF First DECEASED (Type or print) BABY	BOY BA	TESON Last	4. DATE OF DEATH	Month MARCH	Day Yeor 4 19 60			
	S S	MALE WHITE WIDO	WED DIVORCED	B. DATE OF BIRTH	O	birthday) Months yrs.	Days Haurs Min.			
		USUAL OCCUPATION (Give kind of work done lodgering most of working life, even if retired) NONE	b. KIND OF BUSINESS OR INDU		or foreign country) D, MARYLA	**	ZEN OF WHAT COUNTRY!			
	13.	DON C. BATESON		14. MOTHER'S MAIDEN PHYLLI	S D. FOX					
/		WAS DECEASED EVER IN U. S. ARMED FORCES? 1, no, or unknown) [If yes, give wor or dates of service]		EMORIAL HOSPI	TAL - CUM	OR I名也当VEN BERLAND,M	IUE IARYLAND			
		18. CAUSE OF DEATH [Enter only one couse per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		FIBROELASTOS	315		INTERVAL BETWEEN ONSET AND DEATH			
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost.	CONGENITAL							
2	CERTIFICATION	PAIT II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONI	DITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
	MEDICAL	Hour o. m. Whi		ACE OF INJURY (Home, form clary, street, office bldg., atc	. 20f (City or tow	n) (C	County) (State			
		21 I certify that (I) (this hospital) offer saw the deceased alive an		eath accurred af	F 3 PF LAI		, that (I) (we) last date stated above			
220 SIGNATURE MED ATTENDING MED PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIREC										
	23a	BUR AL, CREMATION, 236 DATE THEREOF	HITWORTH 23c NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (C	ity, town or county)	(State)			
		REMOVAL (Specify) 3/5/60	Fhiles		Went, rr	rort	M3.			
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'	9 '60	256. REGISTRAR'S SIG				



with director,

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physician

attending

gned

burial-transit

NERAL DIRECTOR:

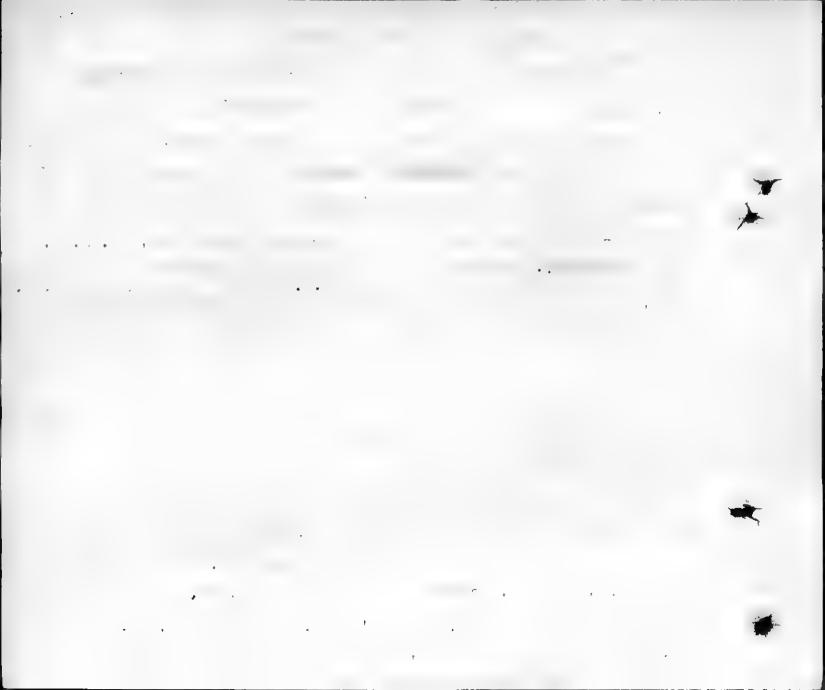
VS A15 (4)

15M 9/5B

remave

after

requires that the death certificate be executed within 24 hours ofter death. Page



John J. Hafer, Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

02704

a. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

PERFORMED? YES NO I

(State)

YES NO K

Year

1960

Allegany

Day

Days

(County)

24 VS A15 (4)

15M 9/5B

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_										
-	1 PLACE OF DEATH	LEGANY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	: Residence before admission)				
_				MARYLAI	ND	ALLEGANY				
	RURAL and give re	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RU	RAL and give nearest tawn)				
	CUMBERL	AND _	5 DAYS	X LONA CONTING						
	CHALLES ALCH CALLAND	AL (If not in hospital, give street L. HOSPITAL		d. STREET ADDRESS	445444	e. IS RESIDENCE ON A FARM?				
		L & WARWICK AVE	S	ISLAND	STREET	YES NO 🔀				
	3. NAME OF DECEASED (Type or print)	JESSE	Middle	BEEMAN	4. DATE Month OF MARCH					
	S. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BINOV, 28	th. 9. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS				
	MALE	WHITE WIDOW		※咖啡港油用半 188	. I con continuos,	Manths Days Hours Min.				
	10g. USUAL OCCUPATIO	ON (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or fareign country)	12. CITIZEN OF WHAT COUNTRY				
	tro	red Laborer		GARRETT (O., MD.	U.S.A.				
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME					
\	DAVID	BEEMAN		ELIZABET	TH CROWE					
Ì	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 IN	FORMANT	Addres	35				
	NO 异本的水水		ione	EMORIAL HOSPIT	TAL CUMBERLAND	, MD.				
	IB. CAUSE OF DEA	TH [Enter only one cause per li				INTERVAL BETWEEN				
	PART I DEA	PART I DEATH WAS CAUSED BY: Cardroe Dicompens atten								
	4-22,	DUE TO		0						
	Conditions, if a	ny, which } (h) Q	rtenoselero	ta Carolin	Yorkma	1 5 mm				
	gave rise to in couse (a), stating	m mediore (
	lying cause last.	(c)								
	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(0) 19. WAS AUTOPSY				
)	S					YES NO				
	PART II. OTH	S UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I ar Part II of item 18.)					
		MEDICAL EXAMINER)								
	20c. TIME OF INJUR	Y Month, Day, Year 20d. It	NURY OCCURRED 200 PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State				
	Hour o.m	19 of worl	Not while	clory, street, office bldg , etc.)						
	21 1 certify the	21 1 certify that (1) (this haspital) attended the deceased fram. 11 Mm 1946, to 16 Mm 1946, that (1) (we) last								
	saw the deceas				M.P.Mom the causes and	an the date stated abave				
	220 SIGNATURE	annes G. S.	_			22b DATE				
	,	James N. J.			RECTOR PHYS	18 mar 60				
	22c. PHYSICIAN S NAME (Type)	DR. JAMES STEG	WATED	22d. ADDRESS / Z	22 to Cen	re dil				
			MATER		um ulm	of mard,				
	230 BURIAL CREMATIO D. REMOVAN (Specify)	N, 236 DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, town, or					
	burial	3/19/1900	Oak Hill Ce	emetery	Lonaconing	, MD •				
	24 FUNERAL DIRECTOR' GEORGE E	S SIGNATURE TCHHORN	LONACONING.	MT) 250. REC'D	BY REGISTRAR 256 REGIST	RAR'S SIGNATURE				
	GEORGE E	TOULOUM	TOMMOOM TMG.	DATE MA	R 21 '60 Cm	hus of Travel				



	2720	CERTIFICATE OF DEA
PLACE OF DEATH		2. USUAL RESIDENC

o. COUNTY ALLEGANY	MARYLAND	o. STATE MARYLAND	ere deceased lived. It institution: b COUNTY	ALLEGANY				
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write RUR	(AL and give nearest town)				
RURAL and give nearest town) CUMBER LAND	5 DAYS	X CUMBERLA	ND					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPITAL		/ d. STREET ADDRESS #4	, OLDTOWN ROAD	e. IS RESIDENCE ON A FARM? YES NO A				
3. NAME OF First DECEASED (Type or print) EDNA		OXELL Lost	4. DATE Month OF DEATH MARC	H 17 19 60				
S SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	JULY 28, 1896	9. AGE (In years life lost birthdoy) 73 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	Own Home		or foreign country) A, W.VA.	12. CITIZEN OF WHAT COUNTRY?				
JOHN ROCKWELL		14. MOTHER'S MAIDEN N MARGARET						
16. (Yes, no. or unknown) [If yes, give wor or dates of service)		MORIAL HOSPIT	ICK & MEMOR MATE	AVENUE , MARYLAND				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate cause (o), stoting the under: lying cause last.	re, for (o), (b), and (c) }	My Card	alderia.	INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND TION GIVEN	VIN PART (o) 19 WAS ALTOPSY PERFORMED? YES NO Z				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OR CONTRIBUTING IT CAUSE OF DEATH							
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While of wor	Not while for	ACE OF INJURY (Home, farm ctary, street, affice bldg , etc.		(County) (State)				
21 I certify that (I) (this hashital) aftends			M. from the causes and	on the date stated abave.				
220 SIGNATURE 220 PHYSICIAN'S NAME (Type) DR. RICHARD J.		M.D ATTENDING DI MI	STAFF PHYS	22b_DATE SIGNED				
23a BUR AL CREMATION, 236, DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d ŁOCATION (City, lown, or	county) (Stote)				

by the retained by the haspital ar attending physician. Then please remave carban pa and in any event, within 72 hat or use as the burial transit permit, or to burial, crematian, or remaval, ye 3 shauld be detached State Board of Health VR A1S (4) 1SM 9/S9

illed in by the funeral director, its 1 and 2 shauld be filed with

** HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours offer death Page 4

24, FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli, Cumberland, Md.

23a BUR AL CREMATION, REMOVAL (Specify)

3-20-1960

Hillcrest

25g. REC'D BY REGISTRAR DAMAR 2 2 '60

Park

inima S. Frank

Cumberland,



VS A15 (4) 15M 10/57

		t
Poge 4	director, led with	t (
at the death certificate be executed within 24 hours after death." Page 4	The attending physician and cample of filled in by the funeral director. Then please remove carbon pobers. The set I and 2 should be filed with	event within 72 hours after deal
20 52	by the	
4 hou	n pa	
within 2	fill fill	
xecured	d comple	De
De e	one no arban	flor d
Fiftedte	physicic emave c	hours
death ce	tending please r	rithin 72
126	the at	w toex
Q .	-	4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2721 **CERTIFICATE OF DEATH**

		70 Y 74 .		Reg. Dist. No.						
1. PLACE o COU	OF DEATH INTY	Allegany	MARYLAND	2. USUAL RES		ere deceased lived	. It institution: b. COUNTY			m)
b CITY	OR TOWN	If outside corporate fimils, write	c. LENGTH OF STAY IN 16	- CITY OR		land	to to Dailba	Alleg		
RUR/	umber	egrest lown)	13 days	11 (2		utside corporate li	mits, write KURA	L and give no	earest lown)	
		TAL (If not in hospital, give street		O.C.Cum		па				
OR I	NSTITUTION	d Heart Hosp	· ·	d. STREET /		ddock R	d.		e. IS RESID ON A F YES	ARM?,
3. NAME DECEAS (Type o	SED	MARY	EILEEN	BR O CI		4. DATE OF DEATH	March		Day Ye	6
	ale	White WIDOW	/ED DIVORCED		5, 19	02	birthdoy) Me	UNDER 1 YEA	R IF UNDER	24 HR
	WOTK	ON (Give kind of work done 10b king life, even if retired) OT We	kind of Business or ind	USTRY 11. BIRTHP		or foreign country	anada	U. S	OF WHAT C	OUNT
3. FATHER	R'S NAME			14. MOTHER'S	MAIDEN N	IAME	•			
0	mar B	rock		Mary	7 A.	Boulet				
IS. WAS D	DECEASED EVE	R IN U. S. ARMED FORCES? 16. (If yes, give wer or dates of service) 2	. SOCIAL SECURITY NO 17 15-36-8872 M:	INFORMANT	ister	Somerv		Quebe Hemmi		
18. C		LTH [Enter only one couse per l	ine far (o) (b), and (c).]			···			TERVAL BETY	
	PART I. DEA	TH WAS CAUSED BY: CO CO	rebral Hemorrh	age (Sub	arachr	noid)		Join	12 da	ays
1	550	DUE TO								
	ditions, if o									
	n rise to i t (a), stating									
_	couse lost) (c)								
CATION		HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMIN	NAL DISEASE CON	DITION GIVEN I	N PART 1(o)	19. WAS AL PERFORM YES []	MED?
O HILL FILL	200 ACCIDENT WAS UNDERLYING COURTED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	ME OF INJUR Hour o.m. p. m.	While		LACE OF INJURY (octory, street, office	Home, farm, bldg , etc.	20f (City or tov	/n)	(County)	(Stot
21. 1	certify th	at I attended the deceas	sed from 2/24/60	, 19	. ta_3/	8/60	. 19 .th	at Linst s	aw the d	ecea
alive	an 3/8	. 19	60, and that deat		10:40	M. fram the	couses and	on the do	ate stated	ahe
	h	0 4	1			ADDRESS (Street, ci				E SIG
	ACTUAL B. M. A. SIGNATURE B. M. A. Greene St., 3/9/60									
	CIAN'S [r. B. M. Sch	indler	Cur	nberl	and, Mo		1-100 - 100	10000	
220. BURIA	L, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d LOCATION (City, tawn, or co	unty)	(State)	
Bur	ANT (2Decita)	3/13/60	Glen Sutte	on Cemet		Glen Su				ana
		S SIGNATURE	ADDRESS			BY REGISTRAR	24b. REGISTRA			
H.	wayne	George Cumb	erland, Mar	yland	DATE	1 4 '60	(1.71	7 8. Fline	4	
					5501	C-1-4-UV	F177 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1 20 / 0500	Maga	



VS A15 (4) 15M 9/SB

CERTIFICATE OF DEATH

9					Keg., Dist. 140.			
	o. county Allegany	MARYLAND	2 USUAL RESIDENCE (Whe	are deceased lived. If institution b COUNTY	on Residence before admission) Allegany			
	b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write R				
	RURAL and give nearest town) Frostburg	60 yrs.	X Frostbu	2g				
	d. NAME OF HOSPITAL (If not in hospital, give street of institution R. D. No 2. Box 384:	oddress)	R. D. No 2.Box 384 On A FARM YES NO					
`	3. NAME OF First	Middle	Last	4. DATE Mon	th Day Year			
	(Type or print) Harriet	М.	Brode	OF DEATH 3	22 1960			
	5. SEX 6. COLOR OR RACE 7 MARR WIDOWE		May 9 1886	9. AGE (In years lost birthdoy) 7 Ö yrs	Months Days Hours Min.			
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
İ	House work	Own Home	Eckhart	,Md.	U. S. A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	George Krause			t bexasaxxxxx	Strube			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown) [(If yes, give wor or dates of service)]			tburg, Md. Add				
		Mı	rs. Geo.Gri:	fith, R. D.	No.2, Box 384			
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	17-		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	E transmission	- Mark	Leure-liet.	2 2 14 6			
	4-20 / DUE TO / A	1.	1					
	Conditions, if ony, which) (b)	rlend	Z = lero	2-6-2	-			
	gove rise to immediate couse (a), stating the under:			~				
	lying cause last. (c)							
)	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	TEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO			
	20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)				
	3 20c. TIME OF INJURY Month, Day, Year 20d, IN		CE OF INJURY (Home, farm,		(County) (State)			
	20c. TIME OF INJURY Month, Doy, Year 20d, IN White pm. — 19 of world	Not while rock of work	tory, street, office bldg., etc.)	Front.	a alle Mi			
	21. I certify that I attended the decease	ed fram 11 /2 6 /2	کے 19, ta	122/60, 19.	that I last say the deceased			
	alive on 3/20,/60, 19	, and that death	occurred at	M, fram the causes an	d an the date stated abaye.			
ADDRESS (Street, city, or town, stote)								
	SIGNATURE / / / Let	full day	1/14/ 3/4//					
	PHYSICIAN'S Richard J. Wil	Lliams, M.D	Cumber	land, Maryla	and			
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	or county) Pa •			
	Removal 3-25-60	Oakwood Co	metery	Sharon	Pa.			
	23-FUNERAL DIRECTOR'S SIGNATURE	AUDRESS HOME	1 24a. REC'D	BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE			
	Jearl N. Mattengly	Frostburg,	DATE	AR 28'60	Irilan S. Flrank			



VR A15 (4) 1SM 9/S9

- 11

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

PLACE OF PEATH C. CUNTY MARYLAND C. SATE TALYLALD D. SATE D. SATE D. SATE TALYLALD D. SATE D. SAT	9799 The Best File	TE OF DEATH					
ALL ANY BOURS of corporate lumin, write CLENGTH OF STAY IN 16 BURLA ON GIVEN BOURS OF COULTER LAND OUNTED AND BOURS of corporate lumin, write RURA ond give necessary lown) OUNTED AND BOURS OF COURS OF STAY IN 16 BURLA ON GIVEN BOURS OF COURS OF							
RUAL OR ANY THE TO 2 DAYS CUITE LAID CUITE LAID CUITE LAID CUITE LAID	ALIE AITY MARYLAND	O. STATE MARYLAND B. COUNTY ALLOWANT					
CULTIFICIAL D ONAME OF DESPITAL HE PROCESS PROBLEMS AND CONSTITUTION ALTOCAL PLAN AVENUES INTERED A SOPERATION OF THE PROBLEMS PROBLEMS THAT A VICTOR S. ALLIE AVENUES I LOS S. ALLIE AVY ST. 106 S. ALLIE AVY ST. 107 SOPERATION OF THE PROBLEMS PROBLEMS PRODE DEATH I AND THE MORNING ON THE PROBLEMS PROBLEMS THE AVENUES AND PROCESS OF THE PROBLEMS PROBLEMS OF THE	b. CITY OR TOWN (If outs de corporale limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
NAME OF DEATH AND CHILD	CULTERLA ID 2 DAYS						
NAME OF DEATH AND CHILD	d NAME OF HOSPITAL OF not an hospital; give street underess)	d STREET ADDRESS e IS RESIDENCE ON A FARM?					
DECEASED DECEASED TIE. TESA BRODE DEATH LARCH 13, 1960. 5 SEX S		106 S. ALLEJANY ST. YES NO A					
The property of the property	3. NAME OF First Middle						
TEMALE WHOMED DIVORCE FORWARD 25, 1896 68 yr Months Doys Hours Min 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF, BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slobe or foringh country) 12. CITIZEN OF WHAT COUNTRY? 101. BUCKS CO. PA. U. S. A. 12. CHIZEN OF WHAT COUNTRY? U. S. A. 13. FATHERS NAME		BRODE DEATH LARCH 13, 1960.					
100. USUAL COLPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) BUCKS CO. PA. 12. CITIZENOF WHAT COUNTRY? BUCKS CO. PA. U. S. A 13. FATHER'S NAME WIND IELD SCHNUTZ 13. FATHER'S NAME WIND IELD SCHNUTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INDORMANT CUIDER LAND, M.D. WINDOWS LINE STAFF (Inter only one couse per line for jo). (b) and (c). PART . DEATH WAS CAUSED by: PC recarded truly or a defense of service) Conditions, if only, which gove rise to immediate couse (pt.) Individual for court of the ferminal Dispass continuous grounds of work in colorly, street, office bidgs, sc. 1 20. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED for court of the ferminal Dispass continuous grounds of work in colorly, street, office bidgs, sc. 1 21. Certify that (1) (this hospital) altered the deceased fram. 22. SIGNED ST. S. CUIDER IAND, ID. 22. FATSLIANS NAME (Type) Dr. S. J. WO SMAIN (Stole) 22. SAMME (Type) Dr. S. J. WO SMAIN (Stole) 22. SAMME (Type) Dr. S. J. WO SMAIN (Stole) (Stole)	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	BI DIVIT OI DIKITI					
100. USAL OCCUPATION (Give king of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign bounty) BUCKS CO. PA. U. S. A. 13. FATHER'S NAME WINDTELLD SCHMUTZ IS WAS DECEASED EVER IN U. S. ARMED FORCES? IS WAS DECEASED EVER IN U. S. ARMED FORCES? IS WAS DECEASED EVER IN U. S. ARMED FORCES? IN MODIFIED OF WAS CAUSED BY. If m. gav var or date of security NO. If m. gav var or date of security NO. IS CAUSE OF DEATH [Enter only one couse per line for [o]. (b). and (c).] PART. DEATH WAS CAUSED BY. INTERVAL BETWEEN AND DEATH INTERVAL BETWEEN AND DEATH ONSTEAM OF DEATH ONSTEAM AND DEATH ONSTEAM OF DEATH	FEMALE WHITE WIDOWED DIVORCED						
BUCKS CO. PA. U. S. A. IA. MOTHER'S MAIDEN NAME WITHFIELD SCHAUTZ IS WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OUT BERLAND, M.D. INTERPAL HOSPITAL IS CAUSE OF DEATH [Enter only one couse per line for [o]. (b). ond (c].] PART. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (c). Italian in the part of the p	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF, BUSINESS OR INDU						
13. MATHER'S MANNE WINTIELD SCHMUTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 19. INFORMANT 19. CUI DIRLIAND, IND. WILLIAND, IND. WILLIAND, IND. WILLIAND, IND. WILLIAND, INTERVAL BETWEEN ONSETT AND DEATH INSTEAD DEATH INSTE		Bucks CO. PA. U. S. A.					
IS WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OUT DETAIND. If yes, give was as deceased a services of decess of services o							
CUMBERIAND, ND IESTORIAL HOSPITAL	WINFIELD SCHMUTZ	IDA CONSTANTINE					
BECAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] PART, DEATH WAS CAUSED BY: PETICAL DILLAR CONSTAND DEATH INSTALLAR CONSTAND DEATH CONS		NFORMANT Address					
PART, DEATH WAS CAUSE DBY: MAMEDIATE CAUSE 10] PC PICAL ACIAL tampona de	(IT yes, 576 wor or dates of service)	CUMBERLAND, MD. # MEMORIAL HOSPITAL					
PART, DEATH WAS CAUSED BY. HAMBEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO Lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES ON NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) DR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) DR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) DR CONTRIBUTING CAUSE OF DEATH ON TO WORK OF PRYS. 21 Leertify that (1) (this hospital) alterded the deceased fram. 22c. SIGNATURE 22c. SIGNATURE 22c. SIGNATURE 22c. SIGNATURE 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DR S. C. WEISMAN 23c. NAME OF CEMETERY OF CREMAPORY A 23d IOCATION (City, Jown, or gounty) (Stole) 23d IOCATION (City, Jown, or gounty) (Stole) 23d IOCATION (City, Jown, or gounty) (Stole)	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]						
Due to Conditions, if ony, which gove rise to immediate couse (a), storing the under lying couse lost to immediate couse (b). Printing couse lost (c) My or a deal suffer than accure, authorized 3 drays Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED. 200 ACC DENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 200 ACC DENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 200 ACC DENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 200 ACC DENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 201 TIME OF INJURY Month, Doy, Year 201 INJURY OCCURRED (Enter notwer of injury (Home, form, 120f (City or Iown)) (County) (Stole) 202 TIME OF INJURY Month, Doy, Year 202 INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 203 TIME OF INJURY Month, Doy, Year 202 INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 204 TIME OF INJURY Month, Doy, Year 202 INJURY OCCURRED (Enter notwer of injury in Port I or Port II of Item 18.) 205 TIME OF INJURY MONTH (I) (this hospital) attended the deceased fram 19 OF INJURY (Home, form, 120f (City or Iown) (County) (Stole) 21 I certify that (I) (this hospital) attended the deceased fram 19 OF INJURY (Home, form, 120f (City or Iown) (County) (Stole) 220. SIGNMANNE 221 I certify that (I) (this hospital) attended the deceased fram 19 OF INJURY (Home, form, 120f (City or Iown) (County) (Stole) 222. SIGNMANNE 223. SIGNMANNE 224. ADDRESS NAME (Type) 225. DATE THEREOF (236 NAME, OF CEMETERY OR CREMAPORY (120f LOCATION) (City, Jown, or gounty) (Stole)	PART, DEATH WAS CAUSED BY: FE MICANDIAL Y	autouade Mistarte					
Conditions, if ony, which gove rise to immediate couse (c), storing the under lying couse lost of immediate couse (c), storing the under lying couse lost of the couse (c), storing the under lying couse lost of the couse (c) and that conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions given in part 1(a) 19 was autopsy performed? Part II. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant conditions given in part 1(a) 19 was autopsy performed? Part III. Other significant given in part 1(a) 19 was autopsy performed? Part III. Other significant given in par	421 / DUE TO	7					
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? COLOR	Conditions if any which) as Ruptured me	1000 live -left ventrale Instante					
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? COLOR	gove rise to immediate						
PART II. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? COLOR	lying couse lost (c) stating the under:	Infarition acute, autencor 3 days					
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PIACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a.m. p. m. 19 While of work		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY					
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PIACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a.m. p. m. 19 While of work	Derbetes Gellitus						
20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PIACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour a.m. p. m. 19 While of work	E 200 ACC DENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or Port II of Item 18.)					
21 I certify that (I) (this hospital) attended the deceased fram							
21 I certify that (I) (this hospital) attended the deceased fram	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PI						
saw the deceased alive an 313 1960 and that death accurred at 200. From the causes and on the date stated above. 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 220. ADDRESS 220	While Not while of work of work	soff, area, other bag, oc.,					
saw the deceased alive an 313 1960 and that death accurred at 200. From the causes and on the date stated above. 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 220. ADDRESS 220	21 I certify that (I) (this hospital) attended the deceased fram.	1948 to 3/13 1960 that (1) (we) last					
220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED DIRECTOR STAFF SIGNED 220. PHYSICIAN'S NAME (Type) Dr. S. G. Waisman 220. ADDRESS 59 GREETE ST., CUMBERIAND, MD. 230. EDRIAL, CREMATION, 236, DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY (Stole)							
22c PHYSICIAN'S NAME (Type) Dr. S. G. Weisman 22d. ADDRESS Dr. S. G. Weisman 59 GREETE ST., CUMBERLAND, MD. 230/BORIAL, CREMATION, 23b, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stole)		22b.DATE					
NAME (Type) Dr. S. G. Weisman 59 GREETE ST., CUMBERLAND, MD. 230/BORIAL CREMATION, 235, DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 231 LOCATION (City, Jown, or sounty) (Stote)	Helulisman his						
Dr. S. G. Waisman 59 GREEVE ST., CUMBERIAND, MD. 230/BDRIAL CREMATION, 236, DATE THEREOF 236 NAME OF CENETERY OR CREMATORY 236 LOCATION (City, Jown, or sounty) (Stote)		22d. ADDRESS					
	Dr. S. G. Weisman	59 GREENE ST., CUMBERLAND, MD.					
151 V 7/11. 1/6 1/ 1/61 of 1/61 of 1/61 1/61 1/61 1/61 1/61 1/61 1/61 1/6		OR CREMATORY 23d LOCATION (City, Jown, or county) (Stole)					
24 ELINIEDAL DIPECTODES SIGNATURE ADDRESS ADDR	Durent 3/16/66 St Feler	+ Trust in Tundentente Ma					

MAR 1 6 '60

DATE

Circling S. House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





within 24 haurs





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CERTIFICATE OF DEATH 9794

Reg.	Dist.	No.

		WELLS.						Reg. Dist. No.		
		FLACE OF BEATH B. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATEPENNSYLVania b. COUNTY Bedford				nession)		
		b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	 			ote limits, write R			awn)
		RURAL ond give nearest town)	21 days		ndm			-	750	e
		CIMPORTANG d NAME OF HOSPITAL (If not in hospital, give etiget, OR INSTITUTION	official &	d STREET AD	/				In 15	PESIDENCE
1		emorial Hospital Memo	orial Aves.	d STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES [] NOVE						A FARM?
		NAME OF First DECEASED (Type or print) Jonas	Middle	Coughen	our	4. DATE OF DEATH	March	[†] 31	Day	Year 19 60
	\$. 5	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		5	P. AGE (In years	IF UNDER 1 Y		NDER 24 HRS
	1	Wale White WIDOWN	EDA DIVORCED	April :	17.	1870	lost birthdoy) 89 yrs.	Months Do	уз Нош	rs Min,
		USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (Stote		entry)	12. CITIZE	N OF WH	AT COUNTRY
\	r	Frackman	8&0 Railroad	Hyndr	nan .	Pa		USA		
)		FATHER'S NAME	5000 Italia 0 600	14. MOTHER'S A				qua.		
/	l,	Daniel Coughenour		Cura	n C	mith				
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 114	SOCIAL SECURITY NO. 17.	NFORMANT	711 D	IIIT OIT	Add	011		
	(Yes	i, no, or unknown) (If yes, give war or dates of service)			70220	200011			77	
	-			Russel (Joug.	nenou	r, Hync	ıman,	ra.	
		18. CAUSE OF DEATH (Enler only one couse per lin PART I. DEATH WAS CAUSED BY:							INTERVAL ONSET AL	BETWEEN ND DEATH
		IMMEDIATE CAUSE (o).	hronic general	<u>ized seni</u>	le A	.S.C.V	.D.	Apr	prox	15 yrs.
		H de DUE TO								
		Conditions, if ony, which) [b]								
		gove rise to immediate couse (a), stating the under-								
		lying couse lost. (c)								
	Z	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY								
	Z Z	Pneumonitis, left lower lobe					FORMED?			
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	njury in P	ort I or Port I	Il of item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	**		ACE OF INJURY (He	me, form,	20f. (City o	or town)	(Cou	nfy)	{Stote}
	WED	Hour e.m. While of worl	Not while	ctory, street, office l	olag., etc.)	'				
		21. I certify that I attended the decease	and tramporterit. Con	10/4/2	in M	nn 5/	19/20	Ab a k I I I a a	1	
			(C, and that death		3 • 17	Qu.M.	XEE	., mar i ias	T SOW TO	ie deceased
		dive di	LEZ, and marraean	accurred at _9			The causes a tel, city or town.		date st	ated abave DATE SIGNED
		ACTUAL SIGNATURE TO THE METERS ACTUAL SIGNATURE	Ma			400vc33 (311)	er, city or lown,	norej		PATE SIGNEL
		SIGNATURE / // WHY	1300	M.D						
		PHYSICIAN'S Dr John Tony	ner		lynd	man.P	ennsyl	vania		
	22a	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	R CREMATORY		22d. LOCATIO	ON (City, town, o	or county)	(S	lote)	
	_I	Burral Apr.3,1960	Hyhdman Ce	metery		Hyn	dman, Pa	1.		
	23.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S S						TRAR'S SIGN	ATURE	
	.1	Hyndman, Pa. DATE APR 5 '60 Chilun & Huma								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2725 CERTIFICATE OF DEATH

funeral director, of the filed with led in yy be retoined by the haspital ar attending physician "NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete is 3 should be detached for use as the burial-transit permit. Then please remove carban papers is state Baard of Health to the formula transition ar removal, and in any event, within 72 hypers.

IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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VR A	1S (4) 9/S9
15.M	9/\$9
17	11

1. PLACE (OF DEATH NTY ALLE	GANY		MARYLAND	II - STATE	PENCE (WHO	ND	COLINITY	Residence befo	
RURA	OR TOWN (IF out AL and give nearest UMBERLAND	lown)	ts, write	5 HOURS	A-11	OWN (IF OLD	utside corporate lin	nits, write RUR	RAL and give ne	arest town)
d. NAM OR II WAF	RWICK & M	MOR PALIO H EMORIAL	OSPIT A VE NU	PACESS) JES	d. STREET A	DDRESS	SECOND	STREET		e. IS RESIDENCE ON A FARM? YES NO
3. NAME (DECEAS (Type of	OF SED r print)	BABY		Middle	DE VE	_	4. DATE OF DEATH	Month MAR		22, 19 60.
5. SEX		COLOR OR RACE	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRT	/X/2V	2 9. AG lost		FUNDER 1 YEAR Months Days	R IF UNDER 24 HRS
duting	L OCCUPATION (C) most of working I	Give kind af work (life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU			or foreign country)		12.CITIZEN O	F WHAT COUNTRY?
13. FATHER	R'S NAME				14. MOTHER'S					
	ORGE DEVE		area le c			E M.	KISNER	4.11		
(Yes, no, or a	PECEASED EVER IN (If yes,	U. S. AKMED FOK , give wor or doles of s	ervice	social security no 17 I	MEMORIAL	HOSP	ITAL - C	Addres UMBERLA		•
18. C		Enter only one co VAS CAUSED BY: MEDIATE CAUSE (a DUE TO		he specatory	Faile	-0			INT	TERVAL BETWEEN ISET AND DEATH
- gave	ditions, if ony, to imme	which (b)	5	andro -	from .		A			
lying	e (a), stating the s s couse last.	/nder-	h	umaleni	ly of	Ville	slue	cluro	2	
CATION	PART II. OTHER S	IGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	TATOT RELATED TO	THE TERM!	NAL DISEASE CON	DITION GIVEI	N IN PART 1(o)	PERFORMED? YES NO 2
OR CO	ACCIDENT WAS UNDITRIBUTING () (HER, NOTIFY MED	NDERLYING TAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRI	ED, (Enter nature a	if injury in P	ort for Port II of i	tem 18)		
MEDIC	Hour a.m. p.m.	Month, Day, Yes	While at wor	k at work	octory, street, office	bldg, etc.		vn)	(County) (Stote)
21]	certify that (I)	(this hospital	oftend	led the deceased from.	20 Ma	cell 19t	eo. p.M.			hot (I) (we) lost
220 - S	the deceased	alive an 1	Mr.	ecting, and that					on the dot	e stated obove. 22b.DATE SIGNED
	HYSICIAN'S	no Al	an	som	M.D PHYS 22d ADDR		RECTOR PHY	rs 🗆		
N	IAME (Type)	R. LELAN	D B.	RANSOM	6	Gor.e	0200 \$7	1		
230 BLRIA PEMO BUIL	AL, CREMATION, OVAL (Specify)	3-23-6		23c NAME OF CEMETERY C	OR CREMATORY		23d LOCATION (county)	(State)
	AL DIRECTOR'S SIG			ADDRESS		250. REC'I	BY REGISTRAR		RAR'S SIGNATI	
				Cumberland,	ıd.	DATELAR	2 8 '60	Cirtle	1 8 Km	
	20600	4/41	100							



DATEAR 1 4 '60

arthur S. Kraus

INTERVAL BETWEEN
ONSET AND DEATH

4 5 - Houn's

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		277	25	CERTIFIC	CATE	OF DE	ATH							
1	PLACE OF DEATH			MARYLA		USUAL RESID o. STATE MARY		ere decease		institutio OUNTY		ce before		on)
	b. CITY OR TOWN (IF RURAL SIDE OF CUMBERLAN	outside corporate limi prest town)	its, write c. LEN	GTH OF STAY IN	116	c. CITY OR TO	DWN (If o		orate limits,	write RU				
	d. NAME OF HOSPITA OR INSTITUTION MEMORIAL	MEMORIAL	HOSPITAL AVES		4	CUMBI d. STREET AL 512 I	DRESS	STREE	T			0		DENCE FARM? NO 📉
	NAME OF DECEASED (Type or print)	Fir		Middle		EDMOND:	SON	4 DATE OF DEATH		Modif		Day		960
5.	MA LE	6. COLOR OR RACE COLORED	7 MARRIED WIDOWED	NEVER MARRIED	꾸 '	ATE OF BIRTH	9, 19	36	9. AGE (le lost bir 23	n years thdoy) yrs	Months Months	1 YEAR I	Hours	R 24 HRS. Min.
100	. USUAL OCCUPATION during most of working MUSICALL	N (Give kind of working life, even if refired	done 106 KIND C	4.5				or foreign c	,	D	12. CIT		WHATCH	DUNTRY?
13.	FATHER'S NAME				14	MOTHER'S	MAIDEN N	IAME						
	MELV	IN EDMONDS	ON			LEN	ORA R	I CHAR	DSON					
	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16. SOCIAL	SECURITY NO.	17. INFOR	MANT				Addre	995			
Į į i e	s, no, or unknown) [1]	f yes, give wor or dates of s	22J-	30-8274	ME	MORIAL	HOSP	ITAL	CLIMP	FRIA	NO A	MRYE	AND	
_	IR CAUSE OF DEAT	IH (Enter only one co	use per line for to	a), (b), and (c) 1			11031	1.1111111111111111111111111111111111111	O DI IL		11129		RVAL BE	WEEN
	PART I. DEAT	H WAS CAUSED BY:	7	vaHoP	FE 1.	madi	1.0	R.L	ATG	PA	_	ONSE	AND.	
	Conditions, if on gove rise to im couse (a), stating the lying couse lost.	mediate (DUE TO	AcuT	E M.				LEUX				9	m	e"
Z		ER SIGNIFICANT CON		BUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITI	ION GIVE	EN IN PAR	T 1(a) 19	. WAS A	UTOPSY
ATIC													PERFO	NO DO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCC	URRED. (E	nter noture of	injury in f	Port I or Por	rt II of item	18)				iii ja
MEDICAL	20c. TIME OF INJURY Hour a m. p. m.	Month, Day, Ye	While N	occurred 20 of while work	on. PLACE foctory	OF INJURY (H , street, office	ome, farm bldg., etc.	, 20f. (City	y or town)		(1	County)		(Stote)
	saw the decease	(I) (this hospital ad alive an <u>97</u>		e deceased fr 9 <i>60</i> , and the				⊇ަ.ta_ MM fram						*
	220 SIGNATURE	7 much	and E	ilieles	M.D.	_		ED RECTOR	STAFF				226	SIGNED
	22c. PHYSICIAN'S NAME (Type)	L. MICHA	EL GLICK			22d. ADDRES								
230	BURIAL CREMATION	v. 236 DATE THEREC	196) ^{23c} 1	NAME OF CEMET	n Ce	ematory eineter	У	23d 10CA	TITO E T	LailC	county)	1,10	1 - (State	•)
24	FUNERAL DIRECTOR'S Byroll K			obress berland	ند وا	ia.		D BY REGIS			TRAR'S SI		Ε	



Byron Kignt



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut on Residence before admission) O. STATEMARYLAND o. COUNTY **b.** COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outs de corporale limits, write c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest lawn)
FROSTBURG FROSTBURG /d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION ERS 152 GREEN HOSPITAL YES NO TA NAME OF Middle 4. DATE Month Yeor RISEL WILLIAM STANLEY MARCH DEATH 60 (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH 9. AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Doys Hours MALE DIVORCED | WIDOWED [7] 12 CITIZEN OF WHAT COUNTRY? 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) MARYLAND U.S.A. CELANESE 13. FATHER'S NAME DEPT. 14. MOTHER'S MAIDEN NAME GEORGE EISEL SARAH GUNTER 17 INFORMANT IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address FROSTBURG MRS. NELLIE EISEL. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for-(a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: W. 412 IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AJTOPSY CERTIFICATION PERFORMED? YES 🖺 NO 🖼 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (State) (County) factory, street, office bldg., etc.) MEDI Hour a.m. While Not while

at work at work 21 I certify that (1) (this hospital) attended the deceased from Talente 1936 to 3/3€ , 194°€, that (I) (we) lost 1944, and that death occurred at 2.7M, from the causes and on the date stated above. saw the deceosed-alive on. 22a SIGNATURE

M.D. PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type

ROTHSTEIN.

PHYS

23d LOCATION (City, town, or county)

23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. REMOVAL (Specify) F'BG.MEMORIAL

25h. REGISTRAR'S SIGNATURE

FROSTBURG.

ADDRESS

250. REC'D BY REGISTRAR

DIRECTOR -

Orthur S. Kraus

22h DATE SIGNED

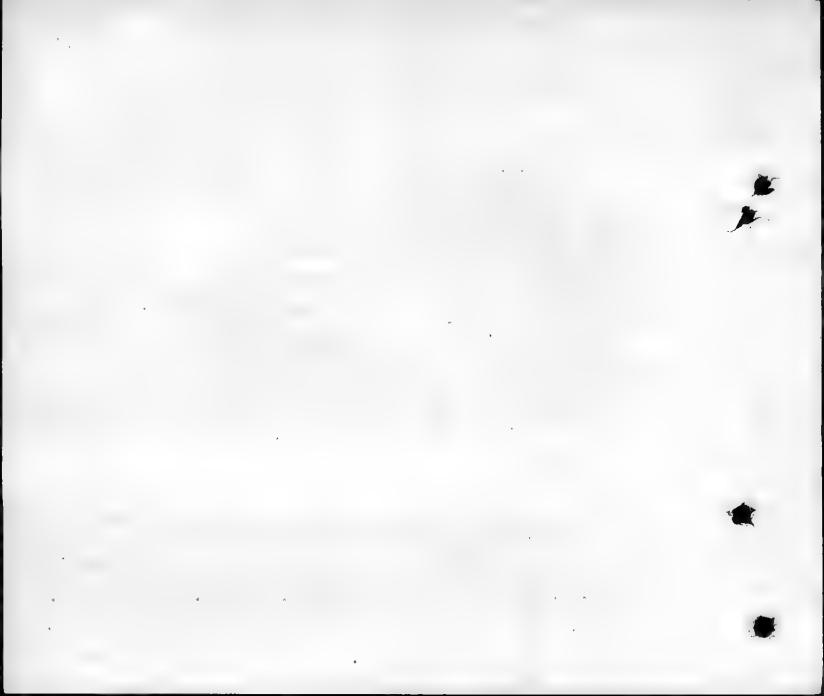
(Stote)



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY A11. B. CITY OR TOWN (If outside corpo RURAL and give neorest town) Eckhart	egany			4 44				
RURAL and give nearest town)		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	rland	b. COUNTY	n: Residence befo Alleg		on)
	rote limits, write c LEN	NGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate	limits, write RU	RAL ond give ned	rest town	1
20012102	Li	fetime	X Eck	thart_				
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	ospitol, give street address		d. STREET ADDRESS				e, IS RESI ON A YES [
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Mont	h Da	у Ү	ear
(Type or print)	Cecilia	Estella	Engle	DEATH	March	1 23r	d, 1	9 60
5 SEX 6. COLOR O	32		April 10th,	1	GE (in years ast pytholoy) yrs	Months Doys	IF UNDE Hours	Min.
10a USUAL OCCUPATION (Give kind :	of work done 10b. KIND (OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign count	ry)	12 CITIZEN OF	WHATC	DUNTRY?
during most of working life, even in Housewife		nousework	Marvlar	nd		USA		
13. FATHER'S NAME	14 1122 2	**************************************	14 MOTHER'S MAIDEN N					
Josiah Porte	r		Elizabeth	Race				
15. WAS DECEASED EVER IN U. S. ARA	MED FORCES? 16 SOCIAL	L SECURITY NO. 17. INF	ORMANT		Addre	955		
[Yes, no, or unknown] (If yes, give wor or	no	Le Le	ster Engle.	Eckha	art. Me	d.		
18 CAUSE OF DEATH [Enter online PART I. DEATH WAS CAUSE IMMEDIATE C	ED BY:	o), (by) and (c)]	heombo	250			ERVAL BET	
Conditions, if any, which gave rise to immediate couse (o), stating the under-	(b) DUE TO (c)							
ICATIO	Flyni	cions	NOT RELATED TO THE TERMI	me	6	EN IN PART I(G)	PERFO YES [RMED?
	DEATH	IOW INJURY OCCURRED	(Enter noture of injury in F	Part or Port II o	of item 18.)			
20c. TIME OF INJURY Month, D Hour a. m. p. m.	Pay, Year 20d INJURY While Not work 0	lot while foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.		town)	(County)		(State)
21 I certify that (I) (this h saw the deceased alive a	A A		/ /	arriage to	, –	, 19 <i>60</i> III	stated	abave.
220 SIGNATURE	Lane	N	ATTENDING ME PHYS. DII	ED. RECTOR []	STAFF DHYS	Marz	22k 4/90	SIGNED
22c PHYSICIAN'S								
22c PHYSICIAN'S NAME (Type) W. O			167 E.				, Md	•
NAME (Type) W O 230 BURIAL, CREMATION, 23b DATE REMOVAL (Specify)	THEREOF 23c.	NAME OF CEMETERY OR	TU/ Ete	23d. LOCATION		r county)	Md (Stole)

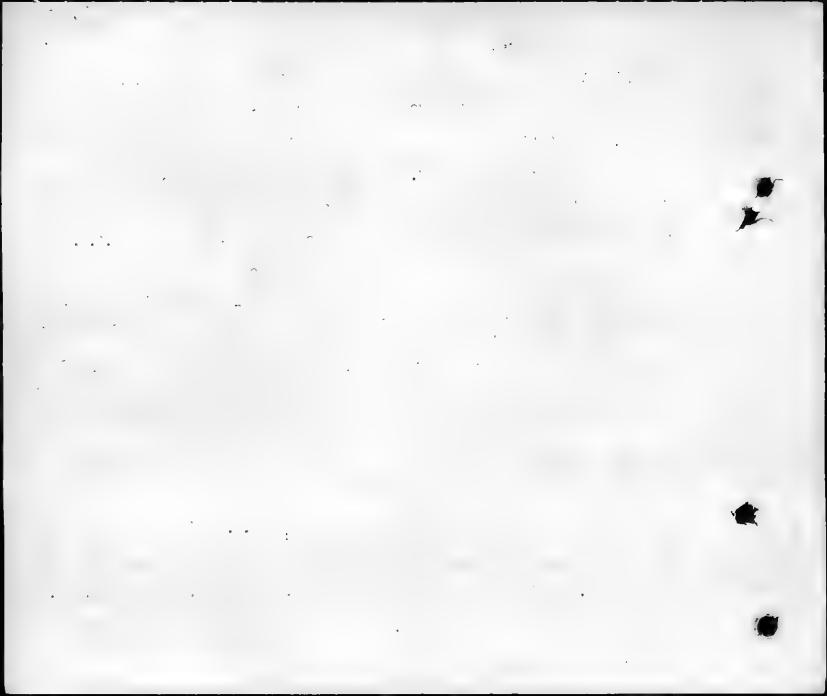


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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2727 CERTIFICATE OF DEATH

ě.		PLACE OF DEATH COUNTY ALLEGANY		MARYLANI	o. STATE	DENCE (Where de	eased lived. If in b. CO	nstitution: Residence	· ·
	ŀ	c. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) CUMBERIAND	its, write c LE	ENGTH OF STAY IN 1	1	TOWN (If outside of CUMBERLA)		vrite RURAL and gir	ve nearest town)
, ol.		NAME OF HOSP TAL (If not in haspitat, OR INSTITUTE HORIAL HOSP)		ss)	d. STREET A	MASON RO	AD Rout	e 2	e. IS RESIDENCE ON A FARM? YES 🔀 NO 📋
		TECE A CED	IZZIE	Middle W•	FAGAN	01		Marth MARCH	23 19 60
	s. s	EMALE 6 COLOR OR RACE WHITE	7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRT	19,1910	9 AGE (In last birth	1 1	YEAR IF UNDER 24 HRS Days Hours Min.
	10a	USUAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSEWIFE	ls l	of Business OR IN Home	1	ACE (State or fore ST VIRGI		_	EN OF WHAT COUNTRY?
1	13.	FATHER'S NAME				MAIDEN NAME			
	10	GARFIELD BUCY	orea la const		INFORMANT	BY KERNS		. 4.1.1	
	{Yes.	WAS DECEASED EVER IN U. S. ARMED FOI (If yes, give wor or dates of	MELAICE)	AL SECURITY NO.		WARW I	K & MEM - CUMBEI	ORTAL AVE	NUE RYLAND
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate cause (a), stating the under- lying couse last.	, fre	istoli a vesi	Sour Source	ura. Manole	lectime	1-htt	Cypp ZW
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CON	IDITIONS CONTI	RIBUTING TO DEATH I	BUT NOT RELATED TO	THETERMINAL DI	SEASE CONDIT O	N COEN IN PART	1(o) 19 WAS AUTOPSY PERFORMED? YES NO
		20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUI	RRED. (Enter noture o	f injury in Part I a	r Port II of item 1	6.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour a.m. p. m. 19	While	OCCURRED 20e. Not while at work	PLACE OF INJURY (foctory, street, affic		(City or tawn)	(Co	iunty) (Stofe)
		21 I certify that (1) (this hospital saw the deceased olive on 3/2 220 SIGNATURE			t death occurre	d a4:45%,4	om the cause	es and on the	Q that (I) (we) last date stated abave. 22b DATE
/		22c. PHYSICIAN'S NAME (Type) DR. LEWIS	MOULD	July .	22d. ADDR	ESS		Cumber 1	
	23a	BUR AL, CREMATION, 236 DATE THEREO BUR 141 (Spec fy) 3/25/60		NAME OF CEMETERS			ocation (city, tober land	town, or county)	(State)
	24.	funeral director's signature John J. Hafer, Cur		ADDRESS d, Marylai	nd	250 REC'D BY R	2 8 '60 25b	REGISTRAR'S SIGN	NATURE 8. Thank



CERTIFICATE OF DEATH

2700

W. F. WILLIAMS

DATE THEREOF

23Ъ

23a_BUR AL, CREMATION,

REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE

060

PLACE OF DEATH			2	USUAL RESIDENCE (W)	iere decease	d lived If institution:	Residence befo	ore admissi	ion)
. COUNTY ALLEG	ANY	MARYLA	ND	". SMARYLAND		b. COUNTY	ALLEGA	NY	
	outside corporate limits, write	c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If a	utside corpo	rote limits, write RURA	AL and give ne	arest town)
RURAL and give her	RLAND	4 DAYS	0	2 CUMBERLAN	D				
OR INSTITUTION MEMORIA	MEMORIAL HOSPIT	A L	1	J. STREET ADDRESS 518 WARRE	N STR	EET		e. IS RESI ON A YES	FARM
NAME OF	First	Middle		Last	4. DATE	Month	De		Year
(Type or print)	JULIA	G. F	LETCH	ER	OF DEATH	MARCH	16) 1	1960
FEMALE	6. COLOR OR RACE 7. MARR			NE 29, 1880)	Part of the second	Onths Days	Hours	Min.
	N (Give kind of wark done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar foreign c	ountry)	12. CITIZEN O	F WHATC	OUNTRY?
during mast at wark	ing life, even if retired)	Home		BORDEN S	HAFT,	MD.	U.S.	Α.	
FATHER'S NAME		+	1.	I. MOTHER'S MAIDEN	NAME				
J	OHN D. BARNARD			FRANCES	V. HO	PWOOD			
	RIN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT		Address			
DI CO	If yes, give wor or dates of service)	-	ME	MORIAL HOSE	TAL	CUMBE	RLAND.	MD.	
18. CAUSE OF DEA	TH [Enter only one cause pac li	ne for (o), (b) and (c)]					INI	ERVAL BE	
	TH WAS CAUSED BY		180-		-	2	ON	SET AND	DEATH
11.11.2	IMMEDIATE CAUSE	127-10-11		THE E				0	
TTO	DUE 10	The said	P	· rena	2/1				
Conditions if or	nmediate (racación	~ /	- 12000	any			-	
cause (o), stating t	DUE TO				(Urem		,	
lying couse lost.) (c)						7	-	
PAIT II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVEN	IN PART 1(o)	19. WAS A	AUTOPSY RMED?
								YES 🗍	NO 🖸
	S UNDERLYING [] 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Pai	t II af item 1B)			
Haur o. m.	Y Month, Day, Year 20d. 11 White at war	Nat while		OF INJURY (Hame, farm, street, office bldg., etc		y or town)	(County)	(Stote)
21 I certify that	t (l) (this hospital) attend	led the deceased fr	om \$	12-19	60 to.	3.16	, 19600, H	hat (I) (we) last
		6 1960 and th			MAMom	the causes and	on the date	e stated	above.
22a SIGNATURE		~~			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				b DATE
77	not 10 112		——W.P	ATTENDING M	ED RECTOR	STAFF PHYS		X -	SIGNED
22c. PHYSICIAN'S	6.6.		*** 0	22d, ADDRESS	mac CR				1-100
NAME (Type)					4.640				

23d LOCATION (Stote 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE MAR 21 '60 July S. Krans

CUMBERLAND, MARYLAND



0 VS A15 (4) 15M 9/58

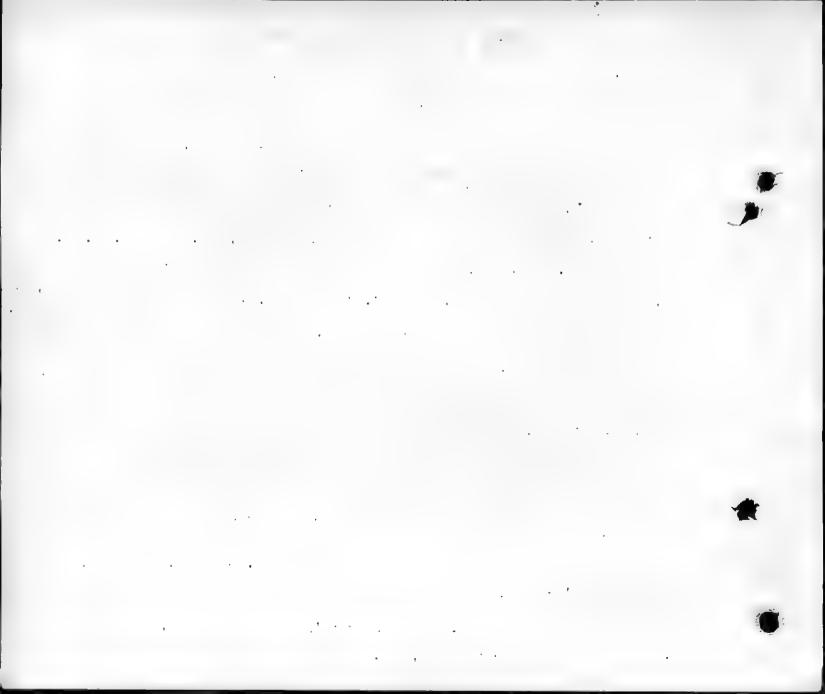
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063

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLANI	STATE DEPARTM	ENT OF HEALTH	H-BALTIMORE, 18	119494
272	9 CERTIFICA	ATE OF DEATH	-{ Reg.	Dist. No.
I. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	here deceased lived. If institution: Res	dence before admission)
ALLEGANY	MARYLAND	o. STATE MA	RYLAND 6. COUNTY AL	LEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL o	nd give nearest town)
CUMBERLAND	5 HOURS	O's CUMBER	LAND	
 d. NAME OF HOSPITAL (If not in hospital, give stree OR NSTITUTION 	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL		705 FR	EDERICK ST	YES NO 🔀
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) GEORGE	Vincent	FLETCHING	11241404	2 19 60
		B DATE OF BIRTH	lost birthdoy) Monti	DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min.
2.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	WED DIVORCED	AUGUST 5, 1	.891 68 yrs.	
Oa. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)		STRY II. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Retired pressman	Newspaper	14. MOTHER'S MAIDEN N	land, Md.	U. S. A.
George J. Fletc	hinger		Mae Christi	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1		NFORMANT		'umbomland l
EVes, no, or unknown) Iff yes, more war or dates of services	14-05-9575 Irs		A. Fletchinger	Cumberland, 1 705 Frederic
18 CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CI	erebro-vascular	accident (em	bolus)	immediate
420, / DUE TO				
Conditions, if ony, which) (b) My	ocardial fibro	sis		ll yrs.
gove rise to immediate Couse (a), stating the under-				
, (0)	pronary arterio			?
PART II. OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED?
Squamous cell carcino	*			YES NO 🔀
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port I or Port II of item IB.)	
Hour o.m. Whi	t-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(County) (State)
21. I certify that I attended the dece	sed from March	18 1952 to 1	March 2 1960 that I	last saw the deceased
glive on March 2 19	1 -		M, fram the causes and an	
)		ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE	acopm	M.D. 50 Persh	ing St. Cumberla	nd, Md.
PHYSICIAN'S NAME (Type) Samuel M. Jacob	oson, M. D.	this old and may see that may me and me and the case are the	water dan demiliku sida filiku sida liku sida tu- sana liu. A man man ari su su sida sida sida sida sida sida sida sida	3/4/60
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or coun	ity) (State)
Burial 3/5/60	SS. Peter 8	F Paul's	Cumberland, Ma	aryland
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246 REGISTRAR'S	
H. Wayne George Cu	mberland, Md.	DATE M	IAR 7 '60 arthur	1 S. Thous



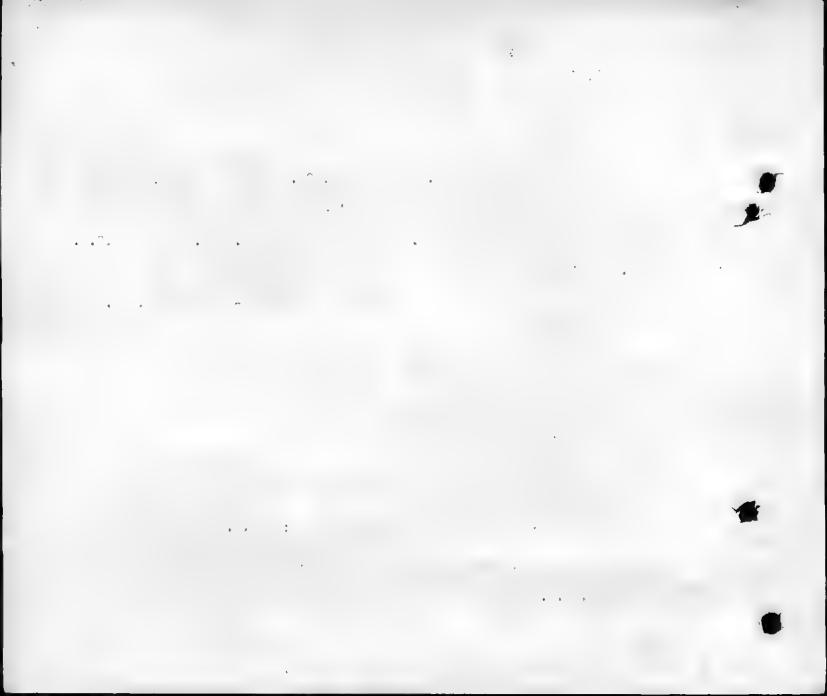
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2730 CERTIFICATE OF DEATH

-		0.00	E. Care	•
0.	2	7	2	X

)	1. PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (VO. STATE PENNSY	Where deceased liv	ed. If institutio b. COUNTY	n: Residence be	fore admissi	on)
	b. CITY OR TOWN (If autside corporate l' RURAL and give nearest town)	imits, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	limits, write RU	RAL and give n	earest town)
z ⁿ .	CUMBERLAND d. NAME OF HOSPITAL (If not in hospito' OR INSTITUTE WOR LAL HOSE	, give street oddress)	3 DAYS	d. STREET ADDRESS ROUTE	4				DENCE FARM?
	DECEASED	First CHARD	Middle FI	lost	4. DATE OF DEATH	Mant MA F		,	rear 9 60
	5 SEX 6. COLOR OR RAC	E 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED DIVORCED	JAN. 3, 190	_		Months Days	4	R 24 HRS Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FIRE DEPT. 11. BIRTHPLACE (State or foreign country) RETIRED FIRE DEPT. 13. FATHER'S MAME									OUNTRY?
JOHN C. FRIZZELL KATHERINE HAUPT									
	15 WAS DECEASED EVER IN U. S. ARMED FI [Yes no or unknown] (If yes give wor or dates to			MEMORIAL HOSP	WICK & ME	MORIATE	AVENUE D, MD.		
	18. CAUSE OF DEATH [Enter anly one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OUE Conditions, if ony, which agove rise to immediate	(i) Cong TO	(b), and (c).]	Fachus:			IN OI	TERVAL BET NSET AND 530	DEATH Cup
0	couse (o), stating the under- tying couse tost. PART II OTHER SIGNIFICANT CO	(c) Contributions Contributions	- Bro	which asthe			N IN PART I(o)	PERFO	NUTOPSY RMED? NO 2
	200 ACC DENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE) 20c. TIME OF INJURY Month, Doy, Hour o. m.	Year 20d. INJURY O	CCURRED 20e.	ED. (Enter nature of injury i HACE OF INJURY (Home, fo actory, street, office bldg., e	orm, 20f, (City or		(Count	r)	(State)
	21 I certify that (1) (this haspit sow the deceased after an 220. S.GNATURE	d at work ☐ of v	deceosed from	deoth occurred of	DA, from the	couses and	_, 19 G Q I on the do	te stoted	
1		IAMES	<i>u</i>	22d ADDRESS GUINI	Centre St.	Charb.	en (un)	_3-31.	60_
	230 BLRIAL (REMATION, 236 DATE THER REMOVAL (Specify) Apri/2	1960 W	ame of CEMETERY	OR CREMATORY	WOOG	lawn		Mal	2)
	John T. Stanshury		oress odsorMi	11 R / 47 DATE	APR 4 '60		TRAR'S SIGNAT		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2731 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02723 Reg. Dist. No.

-		LACE OF DEATH		2. USUAL RESIDENCE (V	Vhere decytised I	liyed. If Institution, Res	idence bef	ore admission)
	°	Allegany	MARYLAND	a. STATE Ma	ryland	b. COUNTY	lec	raser
	Ь	. CITY OR TOWN If autside corporate limits, write RURAL C. LET	NGTH OF STAY IN 15	c. CITY OR TOWN (IF	cutside corpora	te limits, write RURAL	and aire h	egrest town)
		Cumberland	ife	O. Cumb	forla	and)	2	γ.
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive street address)	d. STREET ADDRESS_	1 1	0 000		. IS RESIDENCE
7		Memorial Hospital DO	A	613 1	reder	ick St.		YES NO
		NAME OF First	Middle	Lost	4. DATE	Month	Day	Year
	-{	Type or print) May		ERSON	OF DEATH	MARCH	17	19 60
	5. S	EX 6. COLOR OR PACE 7. MARRIED	NEVER MARRIED 8.	PATE OF BIRTH	9.	and house of the		IF UNDER 24 HRS.
	1	nale Mhile WIDOWED	DIVORCED	an. 16,191	16 1	4-4 yes.		Haurs Min,
10c. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE during most of working life, even if retired)								
		Silisman Mil	emobele	Cumbe	ertas	we MM	11:)./t/
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	VAME			
		Michael Ders	in.	sanna		varies		
1	(Yes	no, or unknown) (If yes, the wor or dates of service)	SECURITY NO. 17. IN	FORMANT	I	Address	1.	mal
		AB. CAUSE OF DEATH (Enter only one cause per line for (a),	(b), and (c), 1	() Con Control	1-1-1	L Line	INTER	VAL BETWEEN
	1	BART I DEATH WAS CAUSED BY		usion. lef	t		ONSE	HY .
		4-20 / DUE TO	1101 1 0001	201011 101	<u>U</u>			·
		, 0,0,,	nary Sclen	rosis				~-~-
		gave rise to immediate cause	,					
		(a), stoting the underlying cause last.						
^	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING TO DEATH BUT N	OT RELATED TO THE TERMI	INALDISEASE CO	ONDITION GIVEN IN P	ART 1(a) 15	
- I	CATIC						١	PERFORMED?
, ABA	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING CAUSE OF DEATH.	INJURY OCCURRED. (En	iter nature of injury in Port	t I ar Part II af i	tem 18.)		
			0.00110000 100 111		T			
	WEDICAL	20c, TIME OF INJURY Month, Day, Year 20d, INJURY Haur 5, m,		E OF INJURY (Home, farm ry, street, affice bldg., etc.) 20f. (City or	lown) (9	County)	(State)
	ME	p. m. 19 at work	at work		1			
		21. I certify that I tack charge of the remain	ns described abay	re, held an Autops	y 🔣, Insp	ection 🔼 , Inqu	uiry 🏹,	, and find that
		death resulted from: Natural causes 📈, A	ccident 🔲, Svic	ide 🔲, Hamicide	. 🔲, Unde	etermined cause [<u>_</u> .	
		D . 1. On S.						DATE SIGNED
		SIGNATURE SIGNAT	valea)	_M.D. CHIEF MEDICAL EX				DATE STORES
p.		EXAMINER'S		ASSISTANT MEDIC]		
		NAME (Type) Benedict Skitare		DEPUTY MEDICAL	-4.5	March 1		.960
	220.	CIEMOVAL (Specify) 5/3/1/ / C	AME OF CEMETERY OR		22d. LOCATION	V (City, town, or county	3	(State)
1	120	Juniar 3/18/60 Es	an crew	- Cem	Cun	of constitution		IN K
1	23.	FUNERAL DIRECTOR'S SIGNATURE	DDRESS	59 X BEH	d by registrar JR 2 1 '60	24b. REGISTRAR'S		
100	- 10	a soul a cheeren with .	merchante "	DATE			No. 1 April 2	

TO EPDITY WELLCAL EXAMINE. This certificate should like executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be anded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for zour files.

NERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the strong prior to burial, crepation. VS. A15ME(5) 5M 9/55



e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

PERFORMED?

YES NO X

(State)

SIGNED

255 REGISTRAR'S SIGNATURE

aritury & Kraus

2Sq REC'D BY REGISTRAR

DATEMAR 3 0 '60

MD.

7)

GEORGE EICHHORN

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Allegany o. Maryland b COUNTILegany MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg Lonaconing d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Miners Hospital East Main Street NAME OF DECEASED 4. DATE Middle OF DEATH 3/28/1960 ADA BARNES GETSON (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX lost burthday) Months Days Female White DIVORCED [7] WIDOWED | 12 CITIZEN OF WHAT COUNTRY? 10a USEAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Own Home Lonaconinf, Housework 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Barnes Catherine Spicher IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address No. Charles Getson Lonaconing. None INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a),((b), and (c) ? ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) MEDICAL 20c. TIME OF INJURY Day, Year 20s. PLACE OF INJURY (Hame, farm, , 20f. (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not while at work 🔲 at wark 📋 p. m. 613 1956.10 3,28 196_9 that (1) (we) lost 21 1 certify that (1) (this haspital) attended the deceased from.___ 28_1960 and that death occurred at 2PM, from the couses and on the date stated above saw the deceased plive on. ATTENDING MED DIRECTOR STAFF PHYS M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) LONACONIN DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BLRIAL CREMATION 23d LOCATION (City, town, or county) 1960 Memorial Park Frostburg,

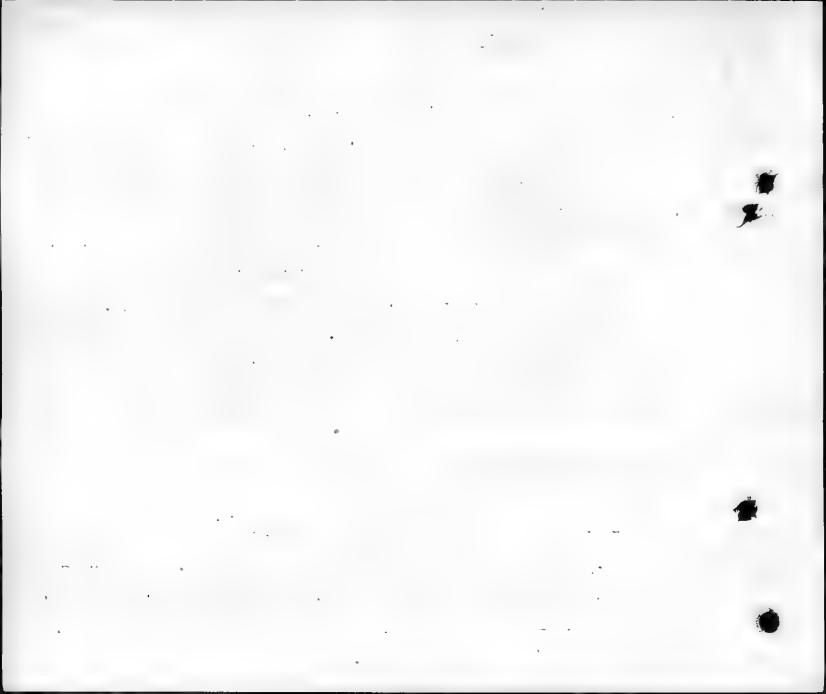
ADDRESS

LONACONING.



death certificate be executed within 24 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



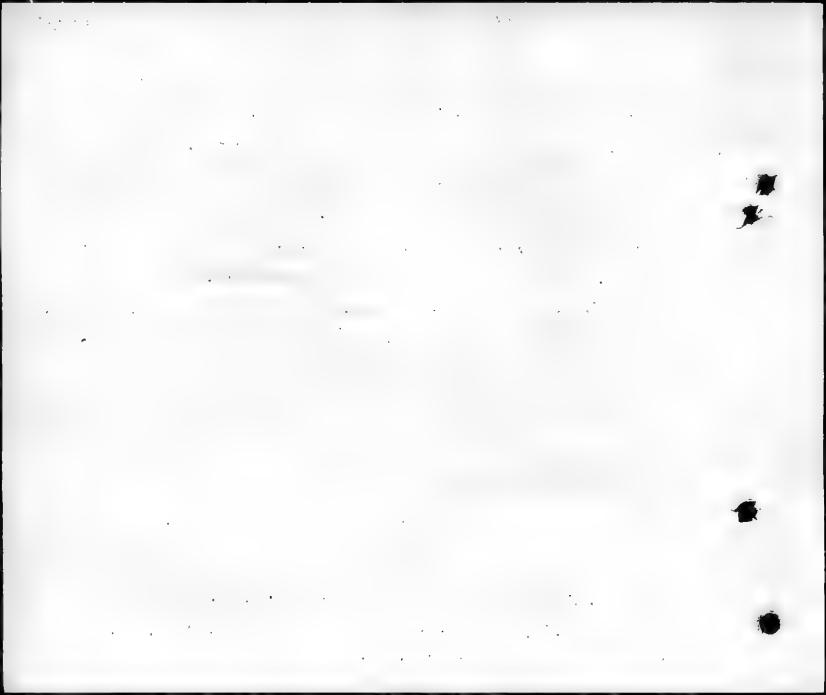
TO T VS A15 (4) 1SM 9/SB 0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2733 **CERTIFICATE OF DEATH** 02726

Reg. Dist. No.

1	PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased		on: Residen	ce befor	e admissi	on)
/		llegany	MARYLAND	Maryla	nd	b. COUNTY	Alleg	gany		
	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ite limits, write R	URAL ond g	ive neo	rest town)
	Cumberla	and	2 days	Cumberl	and					
2	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS					IS RESI	DENCE FARM?
4	,	cred Heart Hos		319 W		NO 🔀				
	3 NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	th	Day	Y	'eor
	(Type or print)	Samuel	Α. (Graham	DEATH	3		23	1	9 60
	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years	IF UNDER			
	Male	White WIDOW		12/17/90		lost birthdoy) 69 yrs.	Months	Doys	Hours	Min
ı	10o. USUAL OCCUPATION	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign cou		12.CITI	ZENOF	WHAT C	OUNTRY?
		inatyoe opn.	Newspaper	W.Va.				U.S	.A.	
	13. FATHER'S NAME	rnarabe obn-	Rewspaper	14. MOTHER'S MAIDEN	NAME			0 0 0		
	T 1) O la		Emmo Loo	Isra	n T' 1				
ı	15 WAS DECEASED EVE	A Graham R IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO	<u> Emma Lee</u>	Tord	Add	ress			
1	Yes, no, or unknown)	(If yes, give war or dates of service)	14-05-6198	Mrs. Samuel	Grah	nm 310	Will	iom	e C.	+
ı		ATH [Enter only one couse per l		MILD DOMINGT	<u>Migni</u>	1M J17	N A A A		RVAL BET	
-		TH WAS CAUSED BY:	141	01					ET AND	DEATH
-	1/0 .		Myocara	she wellow-				-	761	25-
	4=1.0		20 1.	P. I A.						
	Conditions, if o	mmediate	Unteriordero	he I sent	menne			-		
	couse (o), stoting									
ı	lying couse lost,) (c) .								
- 1	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PAR	1 1(0) 13	PERFO	RMED?
	5								YES 🗌	№ □
	O (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 or Port	II of item IB }				
				ACE OF INJURY (Home, far	m, 20f. (City	or fown)	(0	ounty)		(Stote)
	Hour e.m.	19 of wo	Not while	ctory, street, office bldg., et	c)					
		nat I attended the decea		10/00 10	5,27	10/	45-4 1 1-		ال مالة	
	alive on		(c) , and that death							
	dive on	21.6.2	ωρ., and that death	accurred at 24.02		ne causes an set, city or town,		aare		abave. E SIGNED
	ACTUAL	1: 10 . 0.	0		Manuera (am	ser, city of town,	siole)	~		,
	SIGNATURE	N course	Muney	.M.D				3	- 2	1-60
	PHYSICIAN'S NAME (Type)	na Maistan a Tan	les ·	hhl N Ce	enter S	c. Cu	hula	Q.	nd	
	220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATI	ON (City, town,	or county)		(Stote	e)
	Burial	Mar. 25, 196	O Sunset Me	morial Park	c Cum	berlan	d, Md	l		
	23. FUNERAL DIRECTOR		ADDRESS	24n REC	O BY REGISTR	0	STRAR'S SIG			
	H. Wayn	e George, C	umberland, M	d. DATE	MAR 28'E	C	rihan &	Tha	LCAL	



d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION MERS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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il director, filed with

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physician attending ā à gned permit burial-transit cremotian, certificate

attending physicion.

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by the

HOSPITAL OF ATTENBING PHYRICIAN: The law

ERAL DIRECTOR: 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17, INFORMANT Address MIDLAND. 212-18-**146**7 MRS. JANE NO 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour o.m. While Not while p. m. at work of work 21 I certify that (1) (this hospital) attended the deceased from 1960. to Mas-12 1960 that (1) (we) lost 19 60 and that death occurred 6 the couses and on the date stated above. sow the deceosed olive on. 22º SIGNATURI ATTENDING PHYS MED DIRECTOR STAFF PHYS. MD 22c, PHI SICIAN 22d. ADDRES 23h DATE THEREOF 23c NAME OF CEMETERY BURIAL, CREMATION, CREMATORY LOCATION (City, town, or county) (Stote) LAUREL 24. FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE GEORGE EICHHORN LONACONING, DATE

Ttem 9.Film PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY

WIDOWED |

ALLEGANY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 RURAL and give pagrest lowed BURG

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

MIDLAND

MARYLAND

d. STREET ADDRESS

IS RESIDENCE ON A FARMS YES TI NO [

3/12/1960

b. COUNTY

NAME OF First Middle DECEASED E. CLARENCE (Type or print) S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED THE

HOSPITAL

DIVORCED [

B DATE OF BIRTH 196009

14. MOTHER'S MAIDEN NAME

AGE (In years lost by the day)

IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys 12. CITIZEN OF WHAT COUNTRY?

ALLEGANY

100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country KLONDYKE.

4. DATE OF

DEATH

U.S.A.

Yeor

19

13. FATHER'S NAME

MALE

FRANK GRAY

WHITE

AGNES DOUGLAS

(Stote)



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

N		CERTITIO	AIL OI DE	AIII				
1. PLACE OF DEATH o. COUNTY ALLEG	ANY	MARYLAND	2. USUAL RESIDE	ENCE (Where d		If institution: COUNTY	Residence befor	
b. CITY OR TOWN (If outside corpored RURAL and Bive percent for FROSTBURG	le limits, write	LENGTH OF STAY IN 16		WN (IF outside FROSTE		its, write RUR#	L ond give nea	rest town)
d NAME OF HOSPITAL (IF not in hospital SEE . MAIN	ST.	dress)	d STREET AD	DRESS 326 E.	MAIN	ST.		e. IS RESIDENCE ON A FARM? YES NO M
3. NAME OF DECEASED (Type or print) SIME	Pirst ON	Middle W •	GREEN		DATE OF DEATH MA		23,	19 60
5 SEX 6. COLOR OR 6 WHITE	WIDOWED		JAN. 4	, 1891	lost		onths Doys	Hours Min.
190. USUAL OCCUPATION (Give kind of during most of working life, even if r SELF-EMPLOYED	etired)	ND OF BUSINESS OR IND	MAR	YLAND				S.A.
13. FATHER'S NAME	ODDER*		14. MOTHER'S A					
BENJAMIN H. 15. WAS DECEASED EVER IN U. S. ARMEI		OCIAL SECURITY NO. 117.	1 " 00	NE WEI	LR	Address		
(Yes, no, or unknown) (If yes, give war or do	21	2-32-8300		LLIAN	GREEN		STBURG	
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED	/-	for (o), (b), and (c).]	nt.	PST	/		INTE	RYAL BETWEEN
IMMEDIATE CAL	JSE (o)	Munis	er of to	x 9000	mark of the	1		age
Conditions, if any, which }	JE TO		9					
gave rise to immediate	(b) UE TO							
lying couse last.	(c)							
PART II. OTHER SIGNIFICANT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF D IIF EITHER. NOTHEY MEDICAL-EXAMI	CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL	DISEASE CONT	ITION GIVEN	IN PART 1(o) 1	9. WAS AUTOPSY PERFORMED? YES NO 2
	EATH I	IBE HOW INJURY OCCUR	RED (Enter nature of	injury în Port 1	or Port II of it	em 18.)		
20c. TIME OF INJURY Month, Doy Hour o m. p. m.	While	URY OCCURRED 20e. Not while of work	PLACE OF INJURY (H foctory, street, office	ome, form, 20 bldg, etc.)	Of, (City or tow	n)	(County)	(State
21 I certify that (I) (this has	pital) attende	d the deceased from	n MARCA	1934	ta_ <i>[2]A.</i>	and.	, 19 <u>€</u> ⊋, th	at (!) (we) la:
saw the deceased alive and	JARLHZ.	3.1960, and that	death accurred	at 1 1 M.	fram the c	uses and	an the date	stated above
220. SIGNATURE	Will. Lo	1/8 11 16	ATTENDING PHYS.	DIRECT	OR D STAI	F	. 11-3 (1-1)	226 DATE SYGNE 24/60
22c PHYS CIAN'S NAME (Type)			22d. ADDRES					/ /
MARTIN	ROTHST	فقيت المتناج المنف		ADWAY,			BURG,	
230 BURIAL CREMATION 236 DATE TO BURIAL 3-26	1-	23c NAME OF CEMETERY			LOCATION (C		county)	(State)
BURIAL 3-26- 24. FUNERAL DIRECTOR'S SIGNATURE	-00	M. DG • MIGMOT.	ial Park	250 REC'D BY	Frost		AR'S SIGNATUI	Md.
C. P Aur	et:	FROSTBURG.		DATEMAR 2			- 19 AV 3501	
W . A	-1			And the Personal Print		200	AT FEBRUAR	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

02729

1	双
or death. Page 4 funeral director,	M
t hours ofte d in by the	(
TO IDSELTAL OF ATENDING ENYSICIAN: The low requires that the Heath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO: "LEAD DIRECTOR: After this certificate has been signed by the attending physician and complete your end in by the funeral director." 2 - Lead the description was the busing transit permit. Then place remove carbon pagets.	the Stote Board of Health party or semotion, ar removal, and in any event, within 72 hours of death

VR A15 (4) 1SM 9/59

2732 CERTIFICA	AIL OI PLAIN
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE. Data A 200.
ALLEGANY MARYLAND	MARYLAND 6. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CUMBERLAND 3 DAYS	X CUMBERLAND Rt. # 5
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STRFET ADDRESS o. IS RESIDENCE ON A FARM?
"MEMORIAL HOSPITAL	Triple Lakes YES NO I
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
(Type or print) GEORGE Washington	HARPER DEATH MARCH 28 19 60
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years of birthdoy) Months Doys Hours Min.
MALE WHITE WIDOWED DIVORCED	JUNE 5, 1883 76 VI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
RETIRED laborer WYCKOFF STEEL C	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HARPER	MARY kôbisôn
(Yes, no, or unknown) (If yes, give war or dates of service)	WARWICK & AMEMORIAL AVENUE
	MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	harvorde c policina 17
592X DUE TO	
Conditions, if any, which (b)	
couse (o), stoting the under-	,
lying couse lost. (c)	4-1
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NO RELATED TO THE TERMINAL DISEASE DOMESTION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	Missing Circuits YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I of Port II of Item 18.)
2	PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
Hour a. m. Hour a. m. While Not while of work of work	11 10 238 /
21 I dertify that (I) (this hasp(tal) attended the deceased from	1930 AaM 19 that (I) (we) last
	t death occurred at 3:30, from the causes and on the date stated above.
220 SIGNATURE	22b DATE
LI UNILL XI THE COL	M.D ATTENDING W MED. STAFF PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
DR. HOWARD L. TOLSON	1 Cumper and 11 4
23g. BURIAL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY	
Buria (Section) 3/30/60 Sewickley	Cemetery Sewickley, Penna.
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
H. Wayne George Cumberland, Md	DATE MAR 3 0 '60 Chilly of Krana

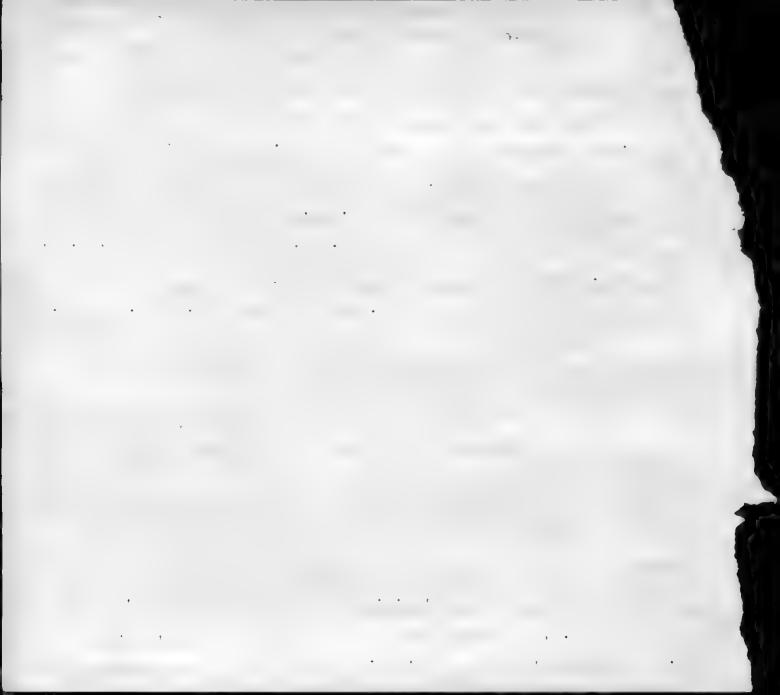
JER: This certificate should be exe.

The word "pending" in pencil in Item 1 within 24 hours office of the result Examiner's Office along with farm PM. Page 5 = 1 and 2 hould be used as a buriot-mansit permit, tile pages

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02730

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. STATE **b.** COUNTY MARYLAND Maryland Allegany Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 16 So. Lee Street 16 So. Lee Street YES NO TO NAME OF Middle 4. DATE First Month Day Year DECEASED Alexandria (Type or print) DEATH 19 60 31 MARTE HASLACKER March 5. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Min 79 Oct. 12,1880 WIDOWED | DIVORCED | Female White 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Housewife Own Home W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abel A. Parks Rebecca Judy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address IT'es, no, or unknown? Mr. Anthony Haslacker. 16 S. Lee St. No None 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion sudden IMMEDIATE CAUSE (a) **DUE TO** coronary sclerosis Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES IT NO X K 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year {County} (State) factory, street, office bldg., etc.) Hour o. m. While Not while. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes ... Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER TO March 31, 1960 NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Apr. 3, 1960 Hillcrest Burial Park Cumberland, Md. ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR Cumberland. Md. Wayne George. DATE APR 4 arthur I House



	2736	CERTIFICA	TE OF DEATH			
1. PLACE OF DEATH a. COUNTY ALLEGANY		MARYLAND	2 USUAL RESIDENCE (What a STATE MARYLAND	ere deceased lived. If instituti b. COUNTY ALI		ore admission)
b. CITY OR TOWN (If outside RURAL and give nearest tov		LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside corporate limits, write R		earest town)
CUMBERLAND MENORIAL REPOSPITAL OF POPULATION OF PARTY WARM		address)	d. STREET ADDRESS RT. #3, BEDF	ORD ROAD		B IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First GRACE	Middle W.	HENDRICKSON	4. DATE Mor OF DEATH MARCI		1960
5 SEX 6. COL		RIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH FEBRUARY 22.	9. AGE (In years last birthday)		R IF UNDER 24 HRS
IDO. USUAL OCCUPATION (Give during most of working life, HOUSEWIFE) 13. FATHER'S NAME	even if retired)	NIN HOME	STRY 11. BIRTHPLACE (State PENNSYLV 14. MOTHER'S MAIDEN N	'ANIA	U.S.	A .
15. WAS DECEASED EVER IN U.	wer or dates of service	NONE ME	VIRGINIA NFORMANT MORIAL HOSPIT	HARTSOCK Add AL - CUMBERLAI	ND, MARYI	LAND TERVAL BETWEEN
Conditions, if ony, whi gove rise to immedia cause (a), stating the undulying couse lost.	DUE TO	lio Cecepi	Gall Di	leliTurose		5-d 10 yr
PART II. OTHER SIGN Hyferben sure 200 Accident was unde or contributing [] cau (If either, notify medica	* CAPEROS RLYING 20b. DES	CONTRIBUTING TO DEATH BUT LES DE LA CARRE CRIBE HOW INJURY OCCURRE	devidend	a Disea	VEN IN PART I(0)	PERFORMED?
ZOc. TIME OF INJURY Man	- White	£_	ACE OF INJRY (Home, farm sciony, street_office bldg, etc		~(County	y) (State
21 I certify that (I) (t saw the deceased ati	2.1.	ded the deceased fram.	. 1.	96 , ta $\frac{2}{7}$ / $\frac{2}{-5}$		that (I) (we) las te stated above
220 SIGNATURE	come	anle	M.D. PHYS DI	ED STAFF RECTOR PHYS	3,	1/60 DATE
NAME (Type) DR.	S. G. WEISN	MAN	59 Orce	cost Cumbo	dans	med
230 BURIAL CREMATION, 236 REMOVAL (Specify) Burial	DATE THEREOF /27/1960	P.O.S. of	or CREMATORY A. Cemetery	23d LOCATION (City fown Centrevill	or county) Le, Pa.	(Stole)

ADDRESS

Cumberland, Md.

25b, REGISTRAR'S SIGNATURE

arthur S. Frank

25a. REC'D BY REGISTRAR

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 C VR A15 (4) ISM 9/S9

in by the funeral director, and 2 should be filed with

the attending physician and and in any event, within Then please remave

be retained by the haspital or attending physician.

**ERAL DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transit permit.

use as the burial-transit permit.

a buriol, cremation, ar remayal,

State Board of Health

24 FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

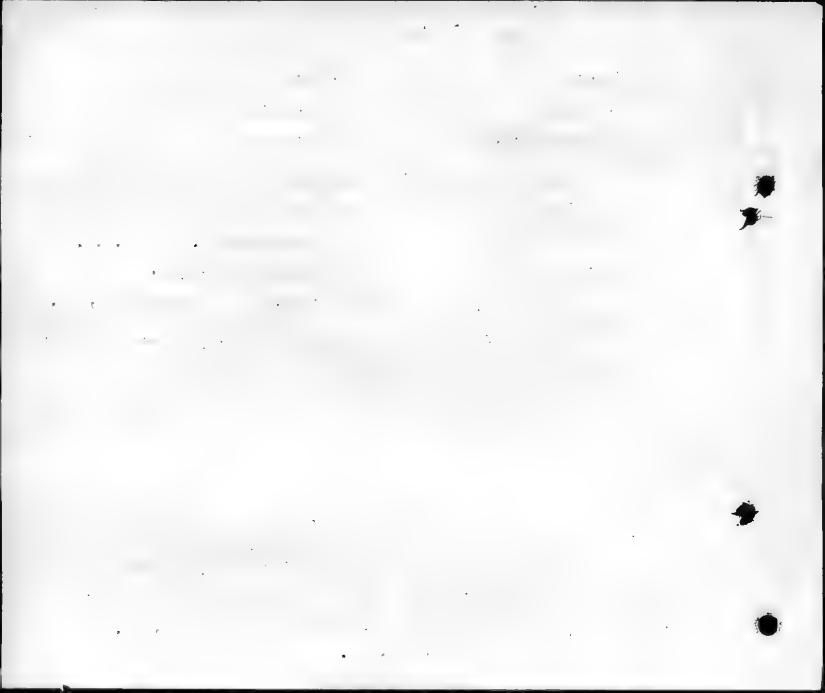


VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2772

	For #	12	CERTII	ICAI	L OI DEAL	**		Reg. Dist. No	ò.	
	egany		MARYLA	11	USUAL RESIDENCE (VO. STATE Maryland		d lived, if institute b. COUNTY	on: Residence bef	ore admiss	ion)
RURAL and give n	If outside corporate limit earest town) Catourg	s, write c	LENGTH OF STAY IN	V 1Р	c. CITY OR TOWN (I	·	prote limits, write R	URAL and give n	earest town)
OR INSTITUTION	TAL (If not in hospital, g		ress)	/	d. STREET ADDRESS				e. IS RES ON A YES	IDENCE FARM? NO
3. NAME OF DECEASED	Firs		Middle		Lasi	4. DATE	Mon	ith D	ay '	Геог
(Type or print)	KATE	CLE	MEN TIME		HERRON	OF DEATH	3/24	/1960	1	19
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEA		
Female	White	WIDOWED [_ 7/	12/1887		82 yrs	Months Days	Hours	Min.
10o. USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired)	one 10b, KIN	D OF BUSINESS OR	INDUSTRY	11. 81RTHPLACE (Slo	te or foreign (country)	12. CITIZEN C	OF WHAT C	OUNTRY
House	ewife				Lonaco		MD.	U.S.	A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	lliam Bell				Margar	et Wh	itefiel			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16. SOC	CIAL SECURITY NO.		RMANT	ON	Add	 aconing	1/17	
NO			one	JJE.	NRY MERR	OIN	Tiens			
	ATH (Enter only one cou	ise per line fo	or (0), (b), 91d (c).]	7/10	1	no	1/	IN	TERVAL BE	TWEEN
PART I. DEA	ATH WAS CAUSED 8Y IMMEDIATE CAUSE (a)	1/1	will	Mu	orande	2/7	raughe	un.	10	Cu
420				0 10				7		
Conditions, if a	· I	<	Simil	177	1 -					
gove rise to i	mmediate (7					
cause (a), stating lying cause lost,	the under-			,						
) (c)	VIII CON	TRIBUTANO TO DEST	LI DUT A IO	T 001 4700 TO THE TO	LANGE CONTRACTOR	E COLUDITION OF	(FA) IN I B I ST 1/ 3	10 Wise .	LUTORS
PART II. OTI	HER SIGNIFICANT CONE	MIONS CON	TRIBUTING TO DEAT	H BUI NO	I RELATED TO THE TER	MINAL D SEAS	E CONDITION GIV	PEN IN PART I(0)	PERFO YES [AUTOPSY RMED? NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	CURRED. (E	inter noture of injury i	in Port I ar Po	rt II of item 18.)			
20c. TIME OF INJUI	RY Month, Day, Yea				OF INJURY (Home, fo		y or town)	(County	r)	(Stote
Hour o.m.	19	While of work	Not while at work	rociory	, street, office blog., e	HC'1				
21. I certify th	nat I attended the	deceased	from Mau	-21	., 1960, 10	MM /2	4 19/1	that I last sa	w the d	erense
alive on 711	W24			leath ac	curred of 201					
		-	7)		outed American		ippel, city or town,			E SIGNE
ACTUAL HOW STURE	wom		us l	M.D	in	wh	ung.	man	24	
PHYSICIAN'S NAME (Type)	Won	of to	me			my		196	00	
220. BURIAL, CREMATIC		F 22	c. NAME OF CEMET	ERY OR CE	EMATORY	22d. LOCA	TION (City, town,	or county)	(Stole	0}
Burial		960	Oak Hill	L Cer	netery	Lon	aconing	MD.		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			C'D BY REGIS	TRAR 24b REGI	STRAR'S SIGNAT	URE	
GEORGE	EICHHORN	L	onacon in	G, N	D. DATM	AR 2 8 '6	ant ant	hun S. House	A.	



2727 CERTIFICATE OF DEATH

02733 Reg. Dist. No.

	14 A A A						Magic Bright	1401	
1 PLACE OF DEATH o. COUNTY			2 USUAL RESID	ENCE (Wh	ere deceased lived.	If institution	n Residence	before adn	nission)
		MARYLAND		Mary	vland	J. COUNTY	A11	egan	V
b. CITY OR TOWN (If ourside corporate I RURAL and give nearest town)	imits, write	c. LENGTH OF STAY IN 16	c CITY OR T		utside corporate lin	nits, write Rl			
Cumberland		vears	Od	Cuml	erland				
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	, give street	address)	/ d. STREET. A	DDRESS				e. IS I	RESIDENCE A FARM?
- 120 Humbird S	treet		120 Hu	mbir	d Street				NO M
3. NAME OF	First	Middle	Los	_	4. DATE	Mont	h	Day	Year
(Type or print) ROBERT		HO	BELL		OF DEATH	March	11		19 60
5. SEX 6 COLOR OR RAC	E 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	I	9. AG	E (In years	IF UNDER 1		
male White	WIDOWE	DIVORCED [Dec. 15,	1913	3	46 yrs.	Months Di	oys Hou	rs Min
10a USUAL OCCUPATION (Give kind of wa during mast of working life, even if retir	rk dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State	or foreign country)		12. CITIZE	N OF WHA	TCOUNTRY
Foreman	°°) C	& A GAS CO.	VALE	SUM	MIT, MAR	YLAND		USA	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN	IAME				
ROBERT HOBELL			ANNIE	HARR.					
15. WAS DECEASED EVER IN U. S. ARMED F		SOCIAL SECURITY NO	INFORMANT		12	() lighte	bard S	tree	t
[Yes, no, or unknown] (If yes, give wer or dates	2Ï	4-Ö5-7879 Mr	s. Mary	K. H	obe l l Cu	mberl	and, 1	aryl	and
18. CAUSE OF DEATH [Enter only one	couse per lin	ne for (o), (b), and (c).]						INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Act	ute left ventr	icular f	ailur	е				ediate
4-20, 1 DUE	1-/							at. 471311	00200
Conditions, if ony, which }	10.	ute anterior m	woenrdia'	inf	erction			62	dayş
gave rise to immediate	1-2	00 041001201 11	y o o a r a r a r.	do also di bado.	W1 0 0 1 0 1 1			02	uays
lying couse last		ronary arterio	deal area	รือ ชาว	la formanau	fihn	n ci n	n	
								(a) 19 WA	AS AUTOPSY
CATIO								PER	FORMED?
PART II. OTHER SIGNIFICANT CO	TH!	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in f	Part I or Port II of	item 18)		!	
	11					4			
20c. TIME OF INJURY Manth, Doy, Hour o m. p. m.			ACE OF INJURY II clory, street, office	lame, form	20f (City or tov	vn)	(Cou	unty)	(Stote
p. m.	While of worl	Nat while	,,,	51 0 g/, 010	1				
21. I certify that I attended t	he deceas	ed from June 18	, 19 56	, ta_lu	rch 11	19_UQ	that I last	saw the	deceased
alive on Let roh 8	, 1960								
					ADDRESS (Street, c				ATE SIGNED
SIGNATURE January	Ja	copen	M.D.					3/1	4/60
	//	-							
PHYSICIAN'S NAME (Type) SAMUEL 4	ACOBS	ON, M.D.	%x 50	Pers	hing St.	Cumbe	rland	Mar	yland
22a BURIAL, CREMAT ON, 22b. DATE THE		22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATION	City, town, o	r county)	(5	itote)
Burial 3/14/6	0	Sunset Mem.	Park		Cumberl	and,	Maryla	and	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24a REC'I	D BY REGISTRAR		TRAR'S SIGN		
John J. Hafer, Cum	herla	nd. Maryland		DATEMA	R 1 6 '60	ant	lour of to	Laure .	

with the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ed in by the funeral directar, I and 2 should be filed with ERALI DIRECTOR: After this certificate has been signed by the attending physician and campletely be a should be detached for use as the burial-transit permit. Then please remove carban papers, Pregistrar prior to burial, matian, ar removal, and in any event within 72 hours attended the death of the contraction. the registrar priar ta buria DI VS A15 (4) 15M 9/58

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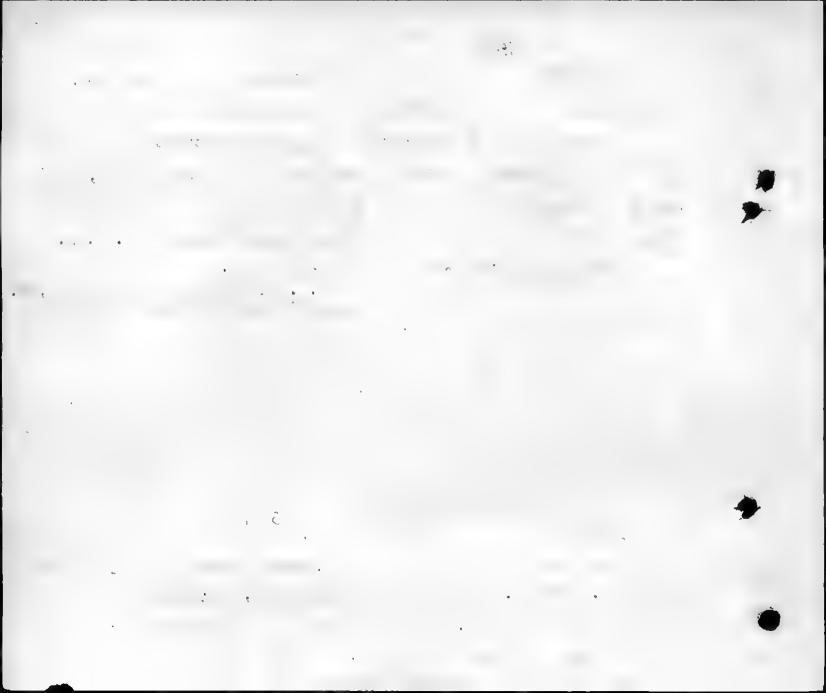


VS A15 (4) 15M 9/5B

2730

CERTIFICATE OF DEATH

			213	-			•	R	eg. Dist. No.	
1	PLACE OF DEATH o. COUNTY	Allegany		MARYLAN	_ o STATE _	dence (Wh	here deceased live	d. If institution: b. COUNTY	Residence before	
-	RURAL ond give	I (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 1	b c CITY OR	TOWN (If a	outside corporote	limits, write RURA		
		PITAL (If not in hospital.	-		d. STREET A		Sealle S	Street	ė	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	_	irst S S 1 0	Middle Viola	Hoenic		4. DATE OF DEATH	Month	Day 17.	Yeor 19 60
5	. sex Female	6. COLOR OR RACE	7 MARRIE	DIVORCED		1881	9. A	st birthdoy) M	UNDER 1 YEAR I	F UNDER 24 HRS. Hours Min
10	oa. USUAL OCCUPA during most of w	TION (Give kind of worl orking life, even if retire	done 10b. K	IND OF BUSINESS OR IN				7)	U. S.	WHAT COUNTRY?
1;	3. FATHER'S NAME	Christoph	en Vo	ent else	14. MOTHER'S					
1!		VER IN U. S. ARMED FO	RCES? 16. S	ocial security no None		0.Bo	Hess x 599 inty In	Address		land, Me
	PART I. D		(0)	for (6), (b), and (c).]	my	Hy	posta	slo.	INTER	VAL BETWEEN T AND DEATH 3 6 K/2
	gove rise to couse (o), statin lying couse los	g the under- DUE T	(c)	Eemile	Mit	rio	rocke	rosc	6	?
CEDTIFICATION	PART II C	OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO) THE TERM!	INAL DISEASE CO	NDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
		WAS UNDERLYING D NG D CAUSE OF DEATH FY MEDICAL EXAMINER	206 DESCI	RIBE HOW INJURY OCCU	RRED (Enter noture o	f injury in l	Port I or Port II o	Fitem 1B.)		
MEDICAL	20c TIME OF INJ Hour o. n	1. 10	ear 20d. IN. While of work	Not while	PLACE OF INJURY (foctory, street, office			own)	(County)	(Stote)
	21. I certify alive an_3 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended th /16/60 acecs Dr. James	3. 5		, -	7:00A	ADDRESS (Street,	causes and city or town, sto	an the date	
2	BREMOVAS Speci	ion, 226, date there Mar 19	1960	22c. NAME OF CEMETER St. Luke's		. У	Cumb e	City, town, or a	Md.	(Stote)
23	Byron	OR'S SIGNATURE Kight	Cum	address berlandgi	Md.	-	D BY REGISTRAR		AR'S SIGNATURE	



ed in by the funeral director, I and 2 should be filled with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital ar attending physician.

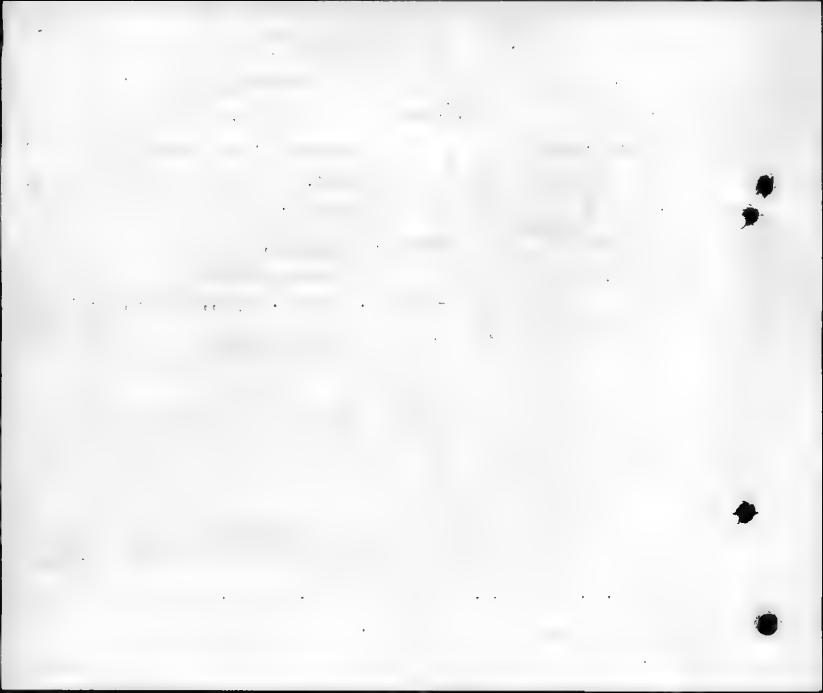
HERAL DIRECTOR: After this certificate has been signed by the attending physician and complete as should be detached for use as the burial-transit permit. Then please remove capital pages.

VS A15 (4) 15M 9/5B

nation, or remayal, and in any event within 72 hours

02735

- 1								
	1. PLACE OF DEATH a. COUNTY	-		2. USUAL RESIDENCE	E (Where deceased liv	red. If institution:	Residence befare	e admission)
	Allegany		MARYLAND	II .	arvland	D. COUNT	Allega	nv
	b. CITY OR TOWN (If outs de carp RURAL and give nearest town)	orate limits, write	C. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside carporate	limits, write RURA		
	Frostburg		DOA	25 F	rostburg			
a	d. NAME OF HOSPITAL (14 not in I	nospital, give street	address)	d. STREET ADDR			е	IS RESIDENCE ON A FARM?
7	Miners Hospi	tal		24 Wes	t College	Avenue		YES NON
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) CHARLE			NTER OR		darch	3	19 60
-	5. SEX 6. COLOR (OR RACE 7. MARR	RIED 🔼 NEVER MARRIED 🗌	B. DATE OF BIRTH	9		UNDER 1 YEAR	
-1	Male Whit	WIDOW	ED DIVORCED	August 2	6, 1904	lost birthday) M 55 yrs.	anths Days	Haurs Min
-	10a. USUAL OCCUPATION (Give kind during mast of working life, even	of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE	(State or foreign coun	try)	12. CITIZEN OF	WHAT COUNTRY?
H	Self Employe	,	ner Big Savag	Frostb	urg Mary	land	JISA	
1	13. FATHER'S NAME		Quarry	14. MOTHER'S MA	DEN NAME	L-01146	0.04	
	WILLIAM C. HUNT	ER	•	HENRIET	TA MICHAEL			
	15. WAS DECEASED EVER IN U. S. AR. (Vas. no. or unknown) (If yes, give wor		SOCIAL SECURITY NO.	NFORMANT		24 News	t Colle	ge Ave
	No no, or unknown] (If yes, give wor	2	18-30-0784 Mr	s. Geneva	F. Hunter	Frostbu	rg, Mar	yland
	18. CAUSE OF DEATH (Enter or		ne far (a), (b), and (c)]	a let				RVAL BETWEEN
	PART I, DEATH WAS CAU		orland	Hemi	RITALES	2.Q	150	Waln
1	331%	DUE TO		1.				The state of the s
	Canditians, if any, which }	AL S						
1	gave rise to immediate ((b)					-	
	tying cause last.							
		, (c)		LIOT BELLTON TO THE	TERMINAL DISEASE O	ONIDITION ONES	11.0407.11.110	TALL ALLTON
)	PART II. OTHER SIGNIFIC.	ANI CONDITIONS	CONTRIBUTING TO DEATH BUT	NOI KELATED TO THE	TERMINAL DISEASE C	ONDITION GIVEN	IN PART I(0) IF	PERFORMED?
	5							YES NO
	PART 11. OTHER SIGNIFIC OF CONTRIBUTING CAUSE OF	F DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of ing	ery in Part or Part	of item 18.)		
	ZOc. TIME OF INJURY Month,	Day, Year 20d II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Ham	s. form. 20f. (City or	tawn)	(County)	(State)
-	20c. TIME OF INJURY Manth, Haur a. m.	While	Nat while fo	ctory, street, office bld		,	(200)	(,
	₹ рт.	19 at war	k at work	4	From all			
- 1	21. I certify that I atten	ded the deceas	ed fram Lan /	2 , 19/00, 10	11/000	2 , 196 Gilho	at I last saw	the deceased
- 1	alive an 2 nn 13	, 19_6	and that death	accurred a		e causes and	an the date	stated abave.
П	1 . 6	106 6) (-		t, city ar tawn, stai		DATE SIGNED
	ACTUAL SIGNATURE	MCC	and_	M.D			Mar.	41960
-	PHYSICIAN'S MT O 34					,		
	NAME (Type) W . U . M		D	167 W.	Main St.	Frostbu	rg, Mar	yland
	22a. BJRIAL, CREMAT ON, 22b. DAT REMOVAL (Specify)	E THEREOF	22c. NAME OF CEMETERY C			N (City, tawn, ar c	* -	(State)
	Burial 3/6/	60	Frostburg Me			irg, Mar		
- 1	23. FUNERAL DIRECTOR'S SIGNATUR		ADDRESS .	240	. REC'D BY REGISTRA		AR'S SIGNATURI	
l	JOHN J. HAFER, C	UMBERLANI	U, MAITYLAND	DA	TE MAR 1 0 '6	0 an	Chur S. The	MA.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2730 CERTIFICATE OF DEATH

04023

ш												
	PLACE OF DEATH O. COUNTY	LLEGANY		. A	AARYLAND	2 USUAL RE a. STATE	SIDENCE (WH MARYLAI	ere deceased ND	b. COUNTY		before odm EGANY	ission)
	CUMBERL	If outside corporate limi legrest town) AND	ls write	E LENGTH OF	STAY IN 16	2	R TOWN (IF 6 UMBERL/	•	ote limits, write R	URAL and give	nearest to	wn)
1	MEMORIA	TE HOSPITAL	ive street of	oddress)		53 street	ADDRESS 2 BROAL	DWAY C	IRCLE			A FARM?
	3. NAME OF DECEASED (Type or print)	Fin WAR	REN	M B	iddle	HYSON	ast	4. DATE OF DEATH	MARC		Day	Year 19 60
	S SEX MALE	6 COLOR OR RACE	7. MARRI	_	ARRIED	B. DATE OF BI	гтн 2,1912		9 AGE (in years last birthday) 17 yrs		TEAR IF UN	_
	100 USUAL OCCUPATION during most of wor	ON (Give kind of work in king life, even if retired timed - Rai				STRY 11. BIRTH			untry)		N OF WHA	TCOUNTRY
	13. FATHER'S NAME WINFIE	LD HYSON				14. MOTHER	S MAIDEN N	IAME HELM	ick			
-		ER IN U. S ARMED FOR	CES? 16 5	SOCIAL SECURITY	Y NO. 17.11	NFORMANT		1 1100 000 1	Add	lress	-	
	Yes, no, or unknown) Yes	(If yes, give war or dates of s	HVICE]	<u>4-12-29</u>	1	EMORIAL	HOSP11	TAL	CUMBE	RLAND,	10.	
	Conditions, if a gove rise to i couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO	, <i>a</i>	nteri	m /	yaca-	did	- Of	arche CONDITION CITY		INTERVAL ONSET AN	ND DEATH
	CATIC			RIBE HOW INJU			_			VENTIN TAKE I	PER	FORMED?
		AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	OUNI WOH BEIN.	KT OCCORRE	D (Enter nature	s or injury in t	rgit i or fort	ti ot tieni to.j			
	20c TIME OF INJUI	RY Month, Doy Ye	While of work	UURY OCCURRED Not while of work		ACE OF INJURY clory, street, of		.)	,	{Cov	inty)	(State
	21. I certify the saw the decea 22a SIGNATURE 22c PHYS CIAN'S NAME (Type)	at (I) (this haspital ised elive an	Les Les		and that o	M D PHYS 22d ADI	red 6:50	PMfram	3/31 the causes an STAFF PHYS		date state	(we) lased abave
	230 BURIAL, CREMAT (REMOVAL (Specify Burial	236 DATE THERECO)F	23c NAME OF		r crematory		23d LOCAT	10N (Cty. town,	or county) Virgin		tote)
	24 FUNERAL DIRECTOR			ADDRESS				D BY REGIST		ISTRAR S SIGN	ATURE	
	Ruth E.	Silcox C	umbor	1 37 6	Mame !	nd	DATE RE	DB 1 1 1/6	60 0	71 . 0 .	4.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A ed in by the funeral director, may be reformed by the hospital or attending physician.

TO IERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely proc. 3 should be detached for use as the burial-transit permit. Then please remaye carbon pot the State Board of Health procedured, cremation, or remayal, and in any event, within 72 have the

VR A1S (4) 1SM 9/S9



VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2740 CERTIFICATE OF DEATH

02736

	•	611	AR CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	
	1. PLACE OF DEATH	Allegony		2 USUAL RESIDENCE (WHO o. STATE	ere deceased lived. If in		re admission)
		Allegany	MARYLAND	Maryl	and	Allega	iny
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF a	utside corporate limits, w	rrite RURAL and give ner	prest town)
		erland	2/3/1954	02 Cumbe	rland		
	d. NAME OF HOSI OR INSTITUTION	PITAL (If nat in haspital, give stree	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Alleg	any County In	firmary	806 G	reene Str	eet	YES NOT
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Manth Da	y Year
	(Type or print)	Angus	y/.	Ireland	OF DEATH Ma:	rch 4.	19 60
	5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White WIDOV		5/23/1872	87	years IF UNDER 1 YEAR day) Manths Days yrs.	Hours Min.
	100 USUAL OCCUPAT	ION (Give kind of work done 10t	, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF	WHAT COUNTRY?
		orking life, even if retired)	J. S. Eustoms	Lonaconi	ng. Maryla	and U. S	5 · A ·
	13. FATHER'S NAME	which with the	No Sall France of the	14. MOTHER'S MAIDEN N			7 11 0
		Walter Irela	nd	J Martha	iimsden. 1		
	15. WAS DECEASED F	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.		Box 599	Address Cumbe 1	cland. Md
	(Yes, no, or unknown)	(If yes, give wor or dates of service)		llegany Cou			
		EATH [Enter only one cause per					ERVAL BETWEEN
		EATH WAS CAUSED BY:	Interior (o), (o), and (c).	and Airl	· A. will	F-ON	SET AND DEATH
	11 00	IMMEDIATE CAUSE (a)	your My	vianual	Negen	ranco	4
	400	- 4	and the	1. to	01		>
	Conditions, if gove rise to		energy ((vrenesc	labolo	7	•
	cause (a), statin	g the under DUE TO		+ 101	4.		>
	lying couse (as	10)	and Di	KINNER	reox,		/
	PART II. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	PERFORMED? /
1		Della.	ul pro	general	7		YES NO
	E OR CONTRIBUTION	IG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Parl II of item 1	B.)	
		Y MEDICAL EXAMINER					
	WEDICAL TIME OF SNJI			ACE OF INJURY iHome, form ctory, street, office bldg., etc	20f. (City or town)	(County)	(Stote)
	Hour o.m	10	e Not while ork at wark	orary, mount arrive areign, ore			
	21. I certify	that I attended the decea	sed from 2/3/54	19 to3	/L/60 19	9,that I last sav	w the deceased
	alive an_3	/4/60 19		accurred at 7:051	M from the couse	s and an the date	stated abave
			·		ADDRESS (Street, city or		DATE SIGNED
	ACTUAL SIGNATURE	Hausen Z	· In Leau	in lig Gre	ene St.	J ₁	/5/60
		/					121.44
	PHYSICIAN'S NAME (Type)	Dr. James I	E. McLean	Cumber	rland, Md.	,	
	220 BURIAL, CREMAT	ION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City,	lown, or county)	(State)
	Burial Special	3/7/60		Cemetert		and, Mary	
	23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATU	
	H. Way	ne George Cu	mberland, Ma	ryland DATE MA	08' 8 PA	arihun & Kine	ą.A.

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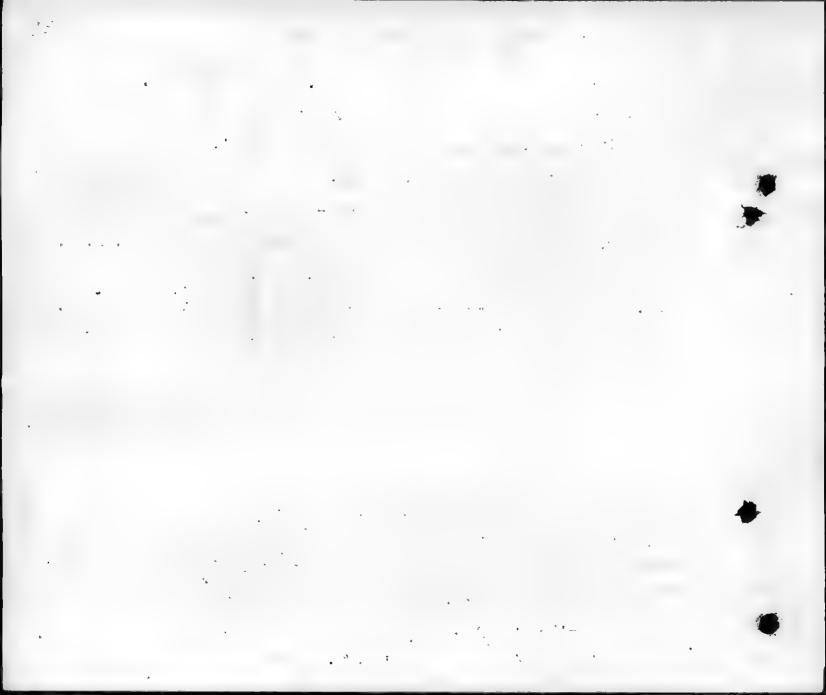
VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18

2789 CERTIFICATE OF DEATH

02737 Reg. Dist. No.

	1, I	PLACE OF DEATH				O STATE	IDENCE (Whe	ere deceased live	ed. If instituti	on. Residence	before ad	mission)
		4 90 1	legany		MARYLAN	Md	_		B. COUNTY	Alleg	יוזי בין בי	
	ŀ	L. CITY OR TOWN	If outside corporate limi	ıts, write c. l	ENGTH OF STAY IN	c. CITY OR		utside corporate	limits, write R			lown)
		Frostb	urg			CK OK FIRO	stbur	C.				
,		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s		ess)	d. STREET		0			e. 15 O	RESIDENCE N A FARM?
			inden Stre					en Str			YES	NO [
		NAME OF DECEASED	Fir	rst	Middle		st	4. DATE OF	Mon	th	Day	Year
		(Type or print)	James		F.	Jackso	n	DEATH	3		13_	19 60
	S. S	SEX	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. DATE OF BIRT	TH .	9. 4	GE (In years ost birthday)		YEAR IF U	NDER 24 HRS.
		Male	White	WIDOWED [DIVORCED	6-24-	@ 160	80	79 yrs	, and a large	dys no	Ma want
	10a.	. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b. KIND	OF BUSINESS OR IN	IDUSTRY 11. BIRTHP	LACE (Stote o	or foreign countr	7)	12.CITIZI	EN OF WH	AT COUNTRY?
		Reti		Coa	l Miner	Mi	dland			U.	S.	A .
	13.	FATHER'S NAME				14. MOTHER	MAIDEN N	AME				
1			Samuel Ja	ackson		Sar	ah Ca	vanaug	h			
1		WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOC	IAL SECURITY NO.	INFORMANT		F	rosto	Frg.M	d.	
	(100	NO.	(it yes, gave war ar dares or s		-14-8122	Paul Ja	økson	(Son)3				t.
			ATH [Enter only one co	use per line fo	r (o), (b), and (c).]	_ /	1	0			INTERVA	BETWEEN
		PART I. DE	ATH WAS CAUSED BY	. 16	SOKIA	10. Th	S Ara	Kers.	Ø		ONSET A	NO DEATH
		2231	IMMEDIATE CAUSE (c		un in	1-10	4.7.0	6 0-00			10-	/
		Conditions, if	and subleb) .									
		gove rise to	immediate .	•			-					
		couse (o), stating lying couse lost,										
	z				DIDUT NO TO DEATH	DUT NIOT BELLTED T	O THE TERMIN	MAX DISEASE CO	A IDITION CO	TENT INT BART	1/-1 10 W	AS A. ITOREY
7	911	PARI N. OI	HER SIGNIFICANT CON	DITIONS CON	KIBUT NG TO DEATH	BUT NOT KELATED T	O THE TERMIN	AME DISEASE CO	NUTION GI	EN IN FAKI	PE	REORMED
and the	FICA	00 1000000		Tan December			P 1 P 1		7.75 AO.5		YES	□ NOV
	MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCU	KKEU. [Enter noture	of injury in P	off For Port II C	or item 10.)			•
	CAL		RY Month, Doy, Ye	ar 20d. INJUR	Y OCCURRED 20e	PLACE OF INJURY			lown)	(Co	unty)	(Stote)
	WED	Hour o.m.	19	While of work	Not while of work	foctory, street, office	se blog , erc.;					
	-		hat I attended the		20/11	13 10/1	יי או	101/12	10/-/	about Library		e deceased
		alive an	113/3	10/4/1		1966	Page 1 1/2	4				
		dilve dirZZJ	- G W-/	, 172-0	, and indi de	ath accurred at		rvi, iram ine ADDRESS (Stucet				DATE SIGNED
		ACTUAL SIGNATURE	INHAM	r M	me		1	1 4	1110		221.61	11/11/10
,		SIGNATURE	TO VIII	- 1	13	M.D	11	CLA F	ny	/	1104	14760
		PHYSICIAN'S NAME (Type)	1007	ne	Lane			ma				
	220	BURIAL, CREMATIC		OF 22	. NAME OF CEMETER	Y OR CREMATORY		22d. LOCATION	I (City, town,	or county)	(Stote)
		REMOVAL (Specify Burial	3-16-19	960 S	t. Michae	elsis Ca	me ter	v. Fro	sthur	Cr.		Md
	23	FUNERAL DIRECTO		fer Fu	nations I Hor	ne		BY REGISTRAR		STRAR'S SIGN	NATURE	Trick (
	يبد	Least-	Dilient	Lural	Frostbu	arg, Md.	DATEMAR	1 7 '60	av	Chun S. 4	Craith	
							_					



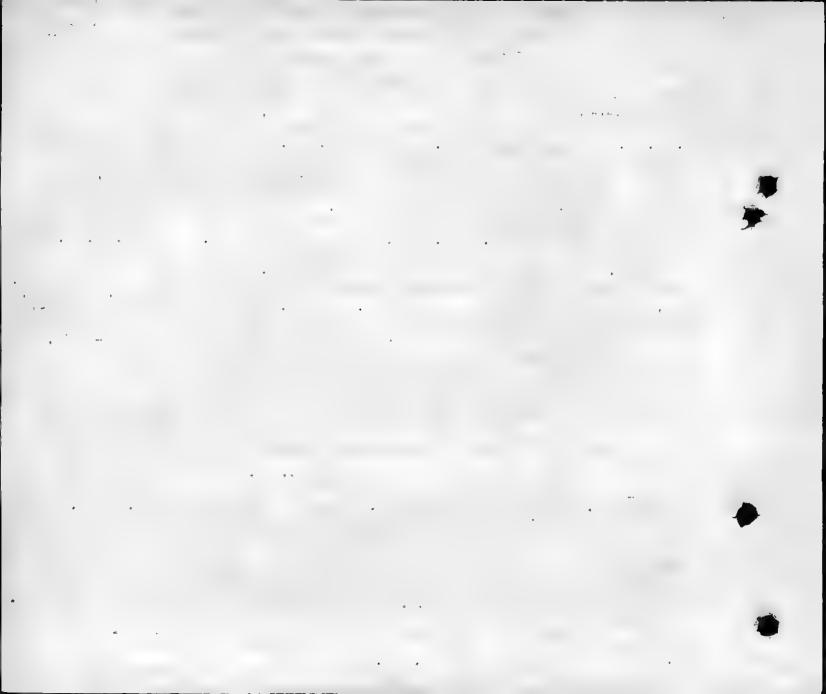
MAKILAND SIA	ALL DEPARTM	IEINT OF REALIF	-BALTIMORE, T	ስብሎስ ~
2747	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No. 12738
1. PLACE OF DEATH			ere deceased tived. If institution	: Residence before admission)
o. COUNTY Allegany	MARYLAND	o. STATE Maryl	and b. COUNTY	Allegany
b. CITY OR TOWN (If autside corporate limits, write c. LE	NGTH OF STAY IN 16		utside corporate limits, write RUI	
RURAL and give nearest town)	5 davs	Cre	spatown	
d. NAME OF HOSPITAL (If not in hospital, give street addres		d. STREET ADDRESS	Distrout	e IS RESIDENCE
Sacred Heart Hospital		McKay Drive		ON A FARM?
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
(Type or print) Edward	James	Kamauf	DEATH 3/35	/60 19
	NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR
The state of the s	DIVORCED T	11/22/06	last birthday)	Months Days Hours Min.
		STRY 11. BIRTHPLACE (Slote		12. CITIZEN OF WHAT COUNTRY
10a USUAL OCCUPATION (Give kind of work done 10b, KIND during most of working life, even if retired)				U.S.A.
Retired Varpenter Cela	nese Corp.	Marylai	- Allendaria	0.02.0320
13. FATHER 3 NAME		14. MOTHER 5 MAIDEN IN	IAME	
Adam_Kamauf		Anna Ratig	an	
(Ver on an unknown) . It as date of section !		INFORMANT	Addre	55
_no 214-	07-5749	Chart		
18. CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c).]	1 0		INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	rocatinic Fil	ead her live	N.	7. 64 1.16
420,0) DUE TO	8	, (
Conditions if you which \ 12.5 To	Tim leader	· Hout of:	38226	(A: - El.
gave rise la immediate DUE TO	ou je el or ru	include and	7.00474	(3, 12, 6, 2, 6, 1, 6)
couse (a), storing the under-				
(4)	IBUTING TO DEATH BUT	T NOT BELLETED TO THE TERMI	NAL DISCASS CONDITIONS CIVE	CONTINUE DAME OF TO DE LATE
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTTNO TO DEATH BUT	I NOT REDATED TO THE TERMI	NAT DISEASE CONDITION GIVE	PERFORMED?
V				YES NO
200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE I	HOW INJURY OCCURRE	D. (Enter noture of injury in t	Port I ar Port II at item 18)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While I of work of work		ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.		(County) (State
Hour o. m. While I gat work of	Nat while of work	,,,	'	
21. I certify that I attended the deceased fr	am 10-15	>- , 19 54, to 3	- 15 - 10/ent	nat I last saw the decease
alive an 3 - 1,5 19 6-c			•	an the date stated above
dive di	, and mar dean		ADDRESS (Street, city or town, st	
ACTUAL 7. 1822 - 2			(0.000, 0.0)	
SIGNATURE		M.D	7	3.26/60
PHYSICIAN'S NAME (Type) Dr. T. Brings		57 Gree	ne St. Cum	huland blid
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or	county) (Slote)
REMOVAL (Specify)				
	ADDRESS	Cath. Cem.	Cresaptown Me D BY REGISTRAR 246. REGIST	RAR'S SIGNATURE
John J. Hafer, Cumberland,	- 4		3 0 '60	4 -

DAMAR 3 0 '60

arthur & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



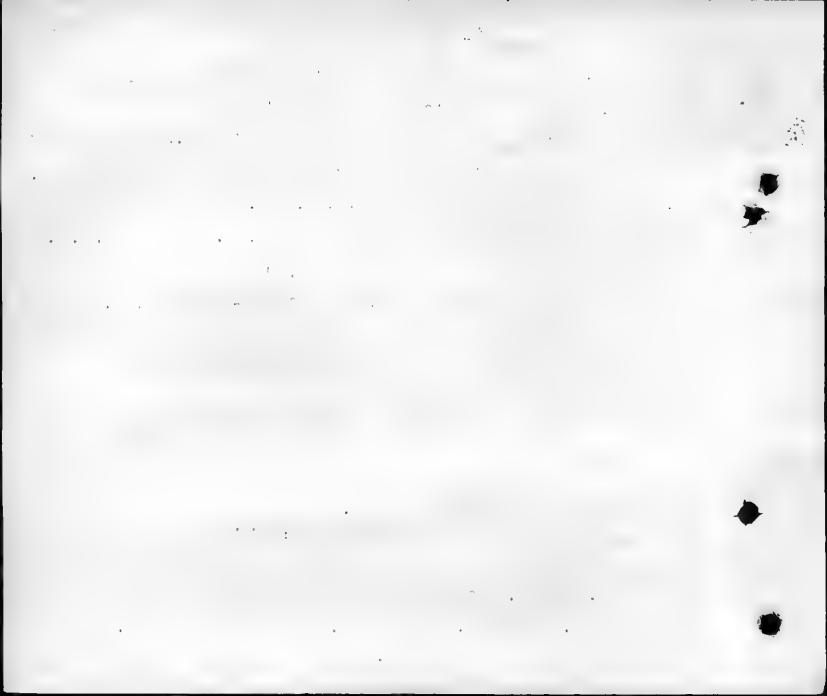
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02740

		111.2						
		COUNTY ALLEGANY	MARYLAND	- CTATE	DENCE (Where decease ARYLAND	sed lived. If institution b. COUNTY	on Residence before ALLEGA	
	ŧ	s. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBER LAND	2 DAYS		OWN (If outside corp UMBERLAND	parate limits, write RI	URAL ond give ne	agrest town)
)	(NAME OF HOSPITAL WEMORIAL MOSPI OR INSTITUTION MEMORIAL WARWICK AVEN	TAL' UES	d. STREET A	DDRESS 39 HENDERS	SON AVE.,		e. IS RESIDENCE ON A FARM? YES NO
	- (NAME OF First DECEASED Type or print) BABY GIRL	Middle (A)	KELL	OF	H MAR	_	oy Year 22, 1960.
	5 . S	FEMALE 6 COLOR OR RACE 7. MARR WIDOWS		B. DATE OF BIRTH MARCH 2	0, 1960.	9. AGE (In years lost birthdoy) yrs	Months Days	R IF UNDER 24 HRS
	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	KIND OF BUSINESS OR INDU		NERLAND, N			S. A.
Ш	1,3,	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME			
_	15	GEORGE KELLER WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	MARY	M. O'ROUF	RKE	2291	
	(Yes	no, or unknown (If yes, give war or dates of service)			HOSPITAL -			
		18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 762, 5 DUE TO Conditions, if only, which gove rise to immediate DUE TO	Resp. vatory		ve Vital.	Huck	ON	TERVAL BETWEEN ISET AND DEATH
2	ICATION	lying couse lost. (c) PART H. OTHER SIGNIFICANT CONDITIONS (/EN IN PART T(o)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	206 ACCIDENT WAS UNDERLYING [] 206. DESI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture o	finjury in Part I or P	ort II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. While p. m 19 of wor	Not while fo	ACE OF INJURY (Home, farm, 20f. (C. bldg., etc.)	ity or town)	(County) (Stote
		21 I certify that (I) (this haspital) attends saw the deceased alive an			19/08 to	n the causes an		hat (I) (we) las e stated abave
		200 SIGNATURE DERLY Main		M D. ATTENDING	G MED DIRECTOR [23 Mai	226 DATE
/		ZZC. PHYSICIAN'S NAME (Type) DR. LELAND B. R	ANSOM	22d. ADDR	Frome	87, C	en Kork	al, Ho
	23° B	BURIAL CREMATION 236 DATE THEREOF URIAL MAR. 23, 1960	23c NAME OF CEMETERY OF ST. PATRICKS			BERLAND		(Stote)
	24.	FUNERAL DIRECTOR'S SIGNATURE BYRON KIGHT CUM	ADDRESS BERLAND, MD	•	DATEMAR 2 S '	20	STRAR'S SIGNATI	URE
	==	2160243XV2				· <i>C</i>	1-07 2. 16w	y is

VR A15 (4) 15M 9/59 noos 4 des

the State Board of Health a



CERTIFICATE OF DEATH

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTYALLEGANY b. SOUNTE GANY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ON COMBER LAND DAYS CUMBERLAND d. NAME OF HOSPITAL (If not in hospito-, give street oddress) d. STREET ADDRESS AVES. OR INSTITUTION ON A FARM? MEMORIAL HOSPITAL MEMORIAL & WARWICK YES NO NO 239 HENDERSON AVENUE NAME OF First Middle 4. DATE Month Doy Year DECEASED BARY DEATH BOY (B KELLER 1960 (Type or print) MARCH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF JNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Hours WHITE MALE WIDOWED [7] DIVORCED [7] 211 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. 8IRTHPLACE (State or foreign country) during most of working life, even if retired) CUMBERLAND, MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY M. O'ROURKE GEORGE KELLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL. CUMBERLAND. MD. NO NONE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of (Iem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while of work of work p. m. 20 placon 21 1 certify that (1) (this haspital) attended the deceased fram. March 1960, and that death accurred at 2:30, Abon the causes and an the date stated above. saw the deceased alixe an 22o. SIGNATURI 22b, DATE SIGNED MED DIRECTOR MD PHYS 22 PHYSICIAN'S 22d ADDRESS NAME (Type) DR. L. B. RANSOM 230 BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE **ADDRESS**

MAR 2 8 '60

Calling & Kouse

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ERAL DIRECTOR:

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KIGHT

CUMBERLAND, MD.



Laurel Will

ADDRESS

34/60-

Buris

23. FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE

ON A FARM? YES NO

Haurs

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES I NO ID

(State)

DATE SIGNED

(State)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

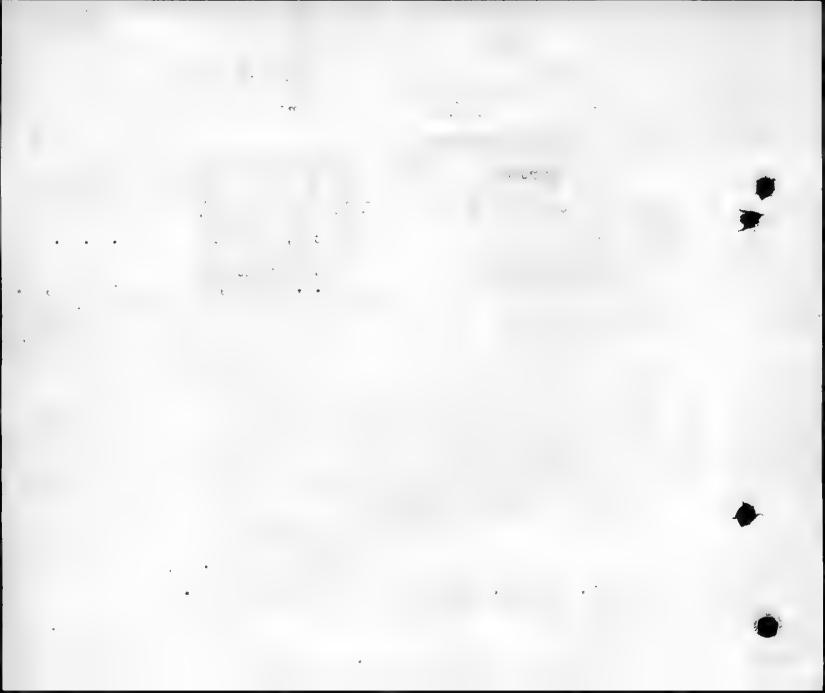
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Allegany

Moscow 24g, REC'D BY REGISTRAR Westernport, Md. DATE MAR 4

24b, REGISTRAR'S SIGNATURE arthur S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1. PLACE OF DEATH a. COUNTY

NAME OF

DECEASED

(Type ar print)

Female

13. FATHER'S NAME

NO or unknown)

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · STATE Maryland 6 COUNTY Allegany MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) llvrs6mo.16das Cumberland I d STREET ADDRESS IS RESIDENCE ON A FARM? 714 Columbia Ave. YES NO K 4. DATE Kienhofer March 60 DEATH 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months May 12, 1887 YES 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. l'aryland 14 MOTHER'S MAIDEN NAME Pauline Jesse Address 005 Fairview 17. INFORMANT Mrs. James Cordry Cumberland. Md. INTERVAL BETWEEN ONSET AND DEATH

IB CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c). PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b/PESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

20e PLACE OF INJURY (Hame, farm, 20f (City or lawn)

Middle

DIVORCED [7]

Bernadette

Own home

None

20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e.m. Not while p. m at work at work,

Allegany

d NAME OF HOSPITAL (If not in hospital, give street address)

White

Edward Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO

Svlvan Retreat

Nellie

WIDOWED T

CITY OR TOWN (If outside carporate limits, write

during most of working life, even if retired)
HOUSEWITE

RURAL and give nearest tawn

OR INSTITUTION

factory, street, affice bldg , etc.)

(County) (State)

YES INO FOR

3-17-60

(Stote)

21. I certify that I attended the deceased from LCU. Than 16/1/1960 that I last saw the deceased and that death accurred at 5,000M, from the causes and on the date stated above ADDRESS (Street, city of town, state) DATE SIGNED

ACTUAL SIGNATURE

James E. McLean. M.D.

49 Greene St.. Cumberland, Na.

NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

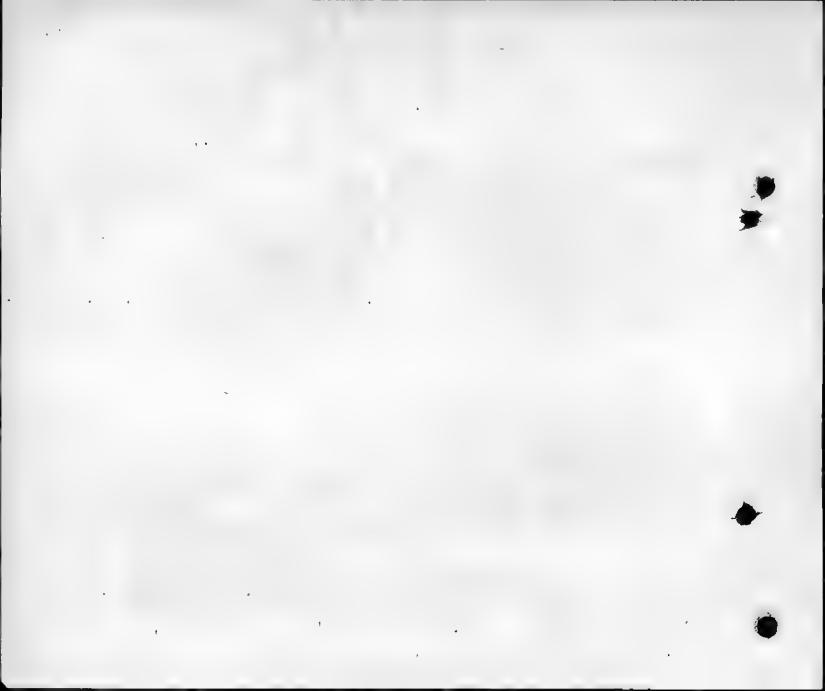
3/18/60 23. FUNERAL DIRECTOR'S SIGNATURE Wayne George Cumberland, Maryland

SS. Peter & Paul's **ADDRESS**

Cumberland, Maryland

24a. REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE DATE MAR 21 '60 Cirilian & Thomas

15M 10/57

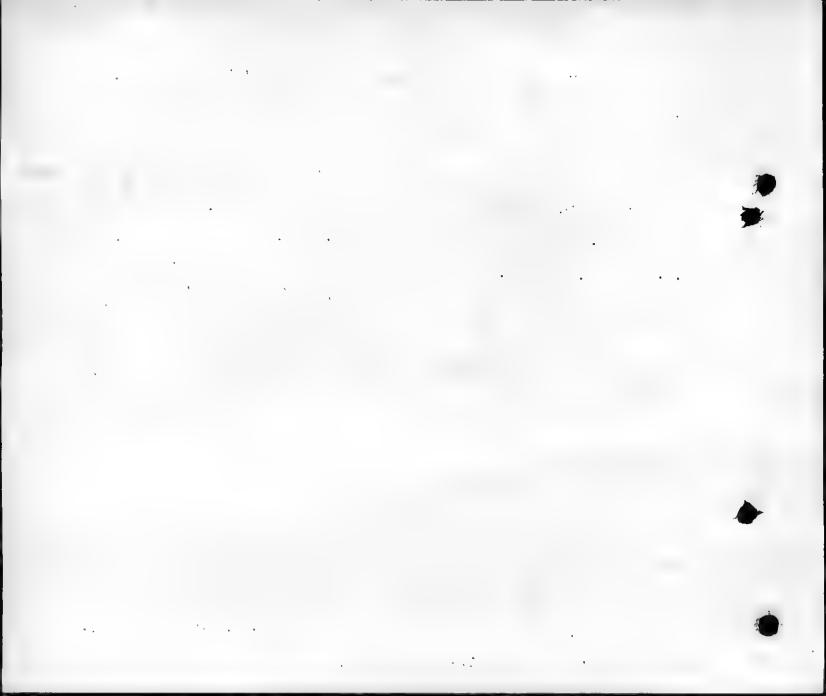


02745

CATE OF DEATH	Reg. Dist. No.
	institution: Residence before admission)
ND STATEMARYLAND b.C	COUNTY GARRETT
1b CCITY OR JOWN (If autside corporate limits	, write RURAL and give nearest tawn)
CIENNINGS.	MD :12 42
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
LAYMAN 4. DATE OF DEATH M	Months Day Year 22, 1960
MAY 3 1878 9 AGE (last bi	In years IF UNDER 1 YEAR IF UNDER 24 HRS Haurs Min.
NDUSTRY 11. BIRTHPLACE (State or foreign country) EHARMON, W. V.	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME CAROLINE	RLAND
Mrs Ethel Leehty Le	Wale Till
matoris, gener	INTERVAL BETWEEN ONSET AND DEATH
na uteres	4400
BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
URRED. (Enter noture of injury in Port I ar Part II of Iten	s 18.)
e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
1.00	1960hat I last saw the deceased
eath accurred at 6:30 PM, from the cau	ses and an the date stated above.
ADDRESS (Street, city	ar toun, state) DATE SIGNED
M.D.	
RY OR CREMATORY STAR ROLLE FRE	STBURG (ARRETTC)
1. TARY	B REGISTRAR'S SIGNATURE
& YVCA DATHAR 28'60	Chilling & Threes

24 hours after death.

VS A15 (4) 1SM 9758



DATER 3 0 '60

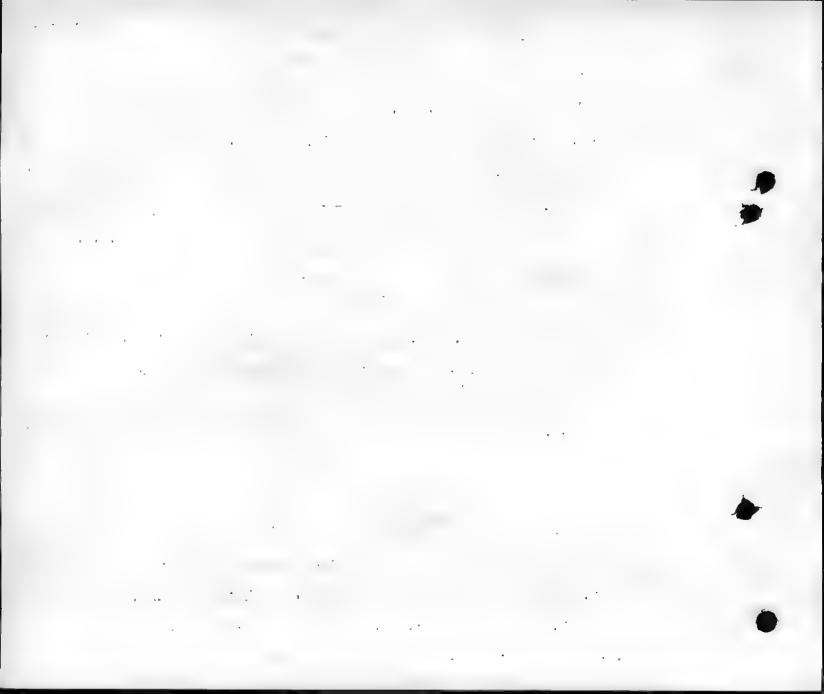
Galling & track

within 24 haurs after death. Page

requires that the death certificate be

physician.

15M 9/58

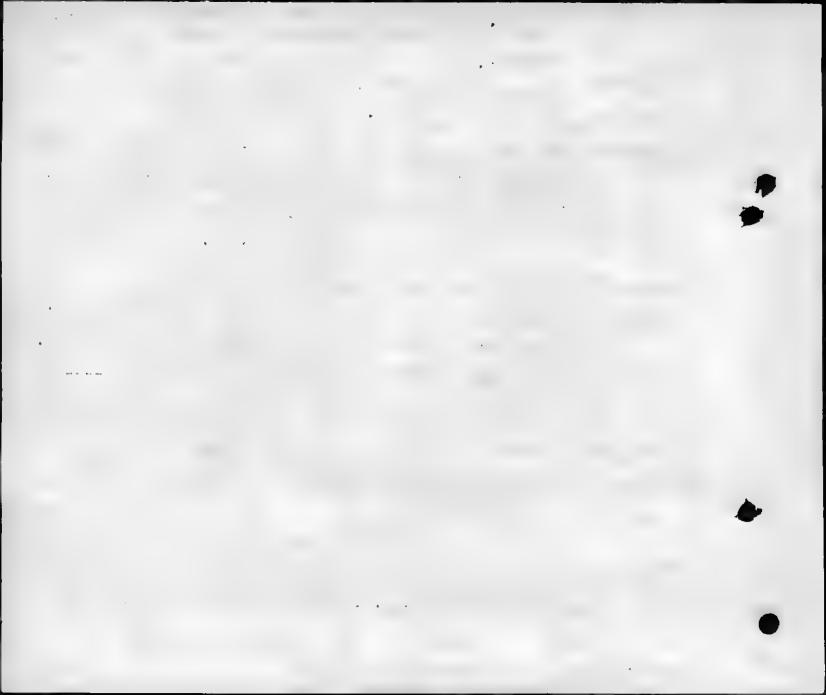


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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessory, please e	place	worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	*
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VS. A15ME(5) 5M 9/55

				STATE DEP				H-BALTI		18		02747
ı		M	EDICA	L EXAMI	NER'S	CERTI	FICAT	E OF D	EATH	Reg. Dist		GW 1 # 9
1	PLACE OF DEATH o. COUNTY Allege	2	743		ARYLAND		aryle	/here deceased			ce before	
┝	b. CITY OR TOWN IN	pulside corporate limits.	vrite RURAL	c. LENGTH OF ST		11		autside corpora				
	Cumberle				la v	1		ily St		NOKAT ONE E	TAN UNUIN	nt town)
-	d. NAME OF HOSPITA		(If not in ho			d. STREET		TTA DO	.000			IS RESIDENCE
	Memori	lal Hosp			,	11 /		and, Ma	arylan	d		ON A FARMS
3	NAME OF DECEASED (Type or print)	MYR	Find ਹਾਵਾ ਹਵਾ	Middle		T.EA	1	4. DATE OF DEATH	March		Day	Year 19 60
5	. SEX			ED NEVER MAR	RIED 18.	DATE OF BIRT	1	9	AGE (In years	IF UNDER 11	YEAR IF	UNDER 24 HRS.
	Female	White	WIDOWE			March	21 -	1 1	58 yrs.	Months De	ays Ha	urs Min.
3	Oo. USUAL OCCUPATIO	N (Give kind of war	k done 10b. I	CIND OF BUSINESS				or fareign count	'ry)	12. CITIZE	EN OF W	HAT COUNTRY
	Housekeer	_		t home		1	_	ock, V		US	SA.	
1	3. FATHER'S NAME	12.1		7 120210		14. MOTHER'S						-
		John Lin	kenhol	ker		Luc	y Me	rritt				
1	5. WAS DECEASED EVE	R IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY N	NO. 17. IN	FORMANT			Address			
ľ	No	Ilf yet, give wet er dates	er service)	None	_ _ 1	Memori	al H	ospita	1 Cum	berla	ind.	Md.
=		H Enter only one c	ouse per line	for (a), (b), and (c).							INTERVAL ONSET AN	
	PART I. DEAT	H WAS CAUSED BY:	a G	ardiac D	ecom:	penset	ion.	Pulmo	narv E	dema		hrs.
	422.	DUE TO			000	P 0 1 2 0 0		2 0122101			2.4	112.0
	Conditions, if ar		_	rteriosc	lero	tic ca	rd1o	vascula	er dia	6886		
	gave rise to immed (o), stating the u	iate cause		<u> </u>	72010	020 00		00000		00.00		
	cause lost.		(c)									
CEPTIENTATION	PART II. OTH	ER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO DE	EATH BUT N	OT RELATED TO	THE TERMI	NALDISEASE CO	NOTION GIVE	EN IN PART I	PE	ERFORMED?
TIEL	20a. EXTERNAL CAU	SE WAS	20b. DESCRIBI	E HOW INJURY OC	CURRED. (E	iter nature of in	jury in Part	I ar Port II of i	tem 18.)		YES	NOX
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Y	While	NJURY OCCURRED Not while	Facto	E OF INJURY (I	tome, form, bldg., etc.)	20f. (City or	lawn)	(Count	ly)	(State)
-	21. I certify th	ot I took chare				e held on	Autono	/ Inco	notion [V]	1	1771	. 1 (* -2 4)
	deoth resulted					ide 🔲, H			termined co		₽ , a	nd find tho
		1	0	An Proceedering		ide [, n	Officiae	LI, Unde	rermineu c	303e		
	ACTUAL SIGNATURE	Luidie	A Slo	Tasolia		M.D. CHIEF N	LEDICAL EX	AMINER 🗍			DA	ATE SIGNED
			1				NT MEDICA	L EXAMINER	1			
	EXAMINER'S NAME (Type)	Benedi	ct Sk	itarelio	. M.			XAMINER X	March	12.	196	0
7	O. BURIAL CREMATION			22c. NAME OF CEN				22d. LOCATION				(State)
	REMOVAL (Specify)	3/15/60)	Eagle Ro	ock ca	reterm		Tagle			rgini	
23	FUNERAL DIRECTOR	SIGNATURE		ROORESS	متانية المنيسة		240. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
	Ruth F. S	ilcox	Cumb	erland	Mary!	and	DATE	AR 1 6 '60	a	other S.	Trans	





NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely a should be detached for use as the burial-transit permit. Then please remove carbon purity. The State Board of Health (1) aburial, cremation, or removal, and in any event, within 72 hours or detached for the state Board of Health (1) aburial, cremation, or removal, and in any event, within 72 hours or detached for the state Board of Health (1) and the state Board (1

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VR A15 [4] 1SM 9/59

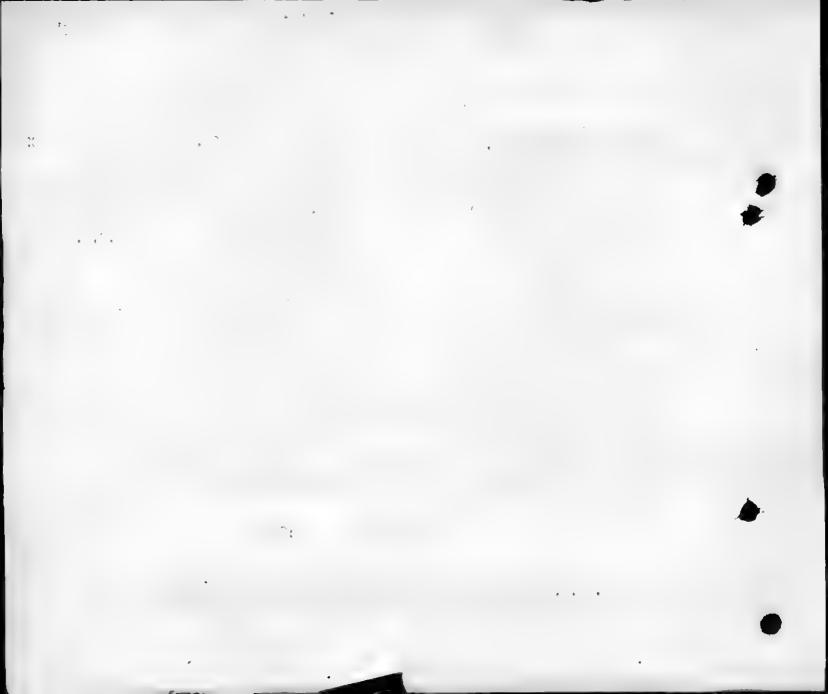
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

02749

		2749 CERTIFICATE OF DEATH													
	PLACE OF DEATH o. COUNTY	ALLEGANY			MARYLANI	TI 4	- STATE	CE (Who		lived. If instituti b COUNTY		EGAN		ion)	
	b CITY OR TOWN (If autside carporate limits, write c. RURAL and give nearest town)				OF STAY IN 11	b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CUMBER LAND								
)	d. MEMORUTAN MEMORIAL	d. MEMORITAL HUSPITALIO, give street MEMORIAL & WARWICK AVES				1	d. STREET ADDRESS 1809 BEDFORD ST.							FARM?	
	3. NAME OF DECEASED (Type or print)	EL EL	Middle TH			LESTER		4. DATE OF DEATH	MARCH	RCH 23		Day Year 19 60			
	FEMALE	6 COLOR OR RACE	7. MARR	0.0	ER MARRIED [TE OF BIRTH	8814		9. AGE (In years last birthday) 75 yrs	Manths	Days	Hours	Min.	
	during most of work	On USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEKEEPER			isiness or in Ome	DUSTRY	DELAWARE						U.S.A.		
	13. FATHER'S NAME WILLIAM BEATTY				MARY KITCHEN										
		LETAGORIA CARACTERIA C										MA .	IARYLAND		
_	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY COLLY WE (Remarkly with left homselessed ON													TWEEN DEATH	
	canditions, it only, which) (b) Hypertensine ord arterporclevelil connormalizations														
Manus.	gave rise to in cause (a), stating t lying cause last	he under-	1	len.											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS ALTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)														
	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED Haur a. m. 19 While Nat while at wark													(Stale)	
	21. I certify tho	t (I) (this hospito ed olive on	l) ottend	led the de	eceosed from	m of C	h occurred o		MPMom	the causes a				(we) lost d above.	
220 SIGNATURE, A COMPANIE M. ATTENDING MED DIRECTOR DIRECTOR PHYS DIRECTOR STAFF DIRECTOR DIRECTOR STAFF DIRECTOR DIRECTOR STAFF DIRECTOR												226 DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type)	R. W.A.VAN	Centr	1 8x	rod										
	23a BURIAL CREMATIO REMOVAL (Specify) Burial		OF .		e of cemeter lorest		ematory al Park			rion (City town.			(Sta	e)	
	24 FUNERAL DIRECTOR		mk,orl	and and	ess Nary	nd			2 9 '60		ISTRAR'S		RE		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02750 2799 MEDICAL EXAMINER'S CERTIFICATE OF DEATH oy is necessory, please exe-director. Page 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) D. COUNTY b. COUNTY Allegany Allegany MARYLAND Marvland H burigh b. CITY OR TOWN (If outside corporate firms, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 45 vears Ellerslie llerslie 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO [7] NAME OF Middle 4. DATE Month Yesi Lost Day DECEASED 1930 (Type or print) Oscar H. Levdig DEATH March 17. 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours Min. WIDOWED [7] DIVORCED IT June 10.1888 Male 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Penna. Railraod Bedford Co.Pa. Engineur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Sara Ellen Corley Winfield Scott Leydig Roges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ellerslie. Md. 716**-1**0-6693 Mrs. Bertie Leydig. NO 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ě IMMEDIATE CAUSE (6) ಬಡೆ ಡ 02 Schrosis **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse last. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO D 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. shauld 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) writing the w h of Medical 1 OR: Page 3 sh factory, street, office bldg., etc.) Heur Not while o. m. of work | of work | D. m. 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection K. Inquiry XI, and find that varded to the Ch of INERAL DIRECTOR: Accident , Suicide , Hamicide , Undetermined cause death resulted fram: Natural causes ... **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Buffalo Mills?Rp. March 21,1950 Lybarger Cemetery ADDRESS 23_FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(5) Hyndman.Pa. DATE 5M 9/55



FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 279 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH

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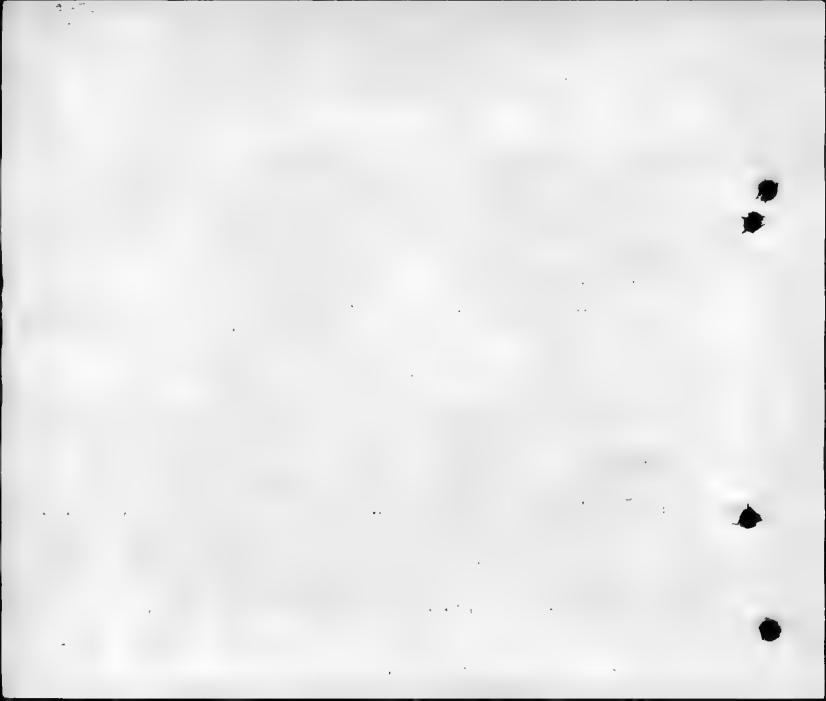
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- F	The state of the s	Keg, on	B. 140.
	1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residen	ice before admission)
	ALICONO MARYLAND	• state nyland was count ton	
	b. CITY OR TOWN (if suitude corporate limits, for to RURAL and give hearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and	give nearest lawn)
	.cute	ingerstown	_
,	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
\	Lid's Latur Chinerlini	433 ech nic Ct	YES NO
	3. NAME OF First Middle Middle	Losi 4. DATE Month	Day Year
ı	(Type or print) CLARENCE EUGUNE LUSHB	AUGH PEATH Larch 8 19	60 19
	5. SEX 6 COLOR OR RACE 7. MARRIED TYPEVER MARRIED 1 8		YEAR IF UNDER 24 HES
	1 le Vnite WIDOWED DIVORCED	Oct 3 1931 28 yrs. Months C	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind at work dane) 10b. KIND OF BUSINESS OR INDUSTR during most at working I'fe, even if retired)	Y 11. BIRTHPLACE (State or fareign country) 12. CITIZ	EN OF WHAT COUNTRY?
Í	Truck Driver Charlton Bros	Hamerstonn "sh Cold	U A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
-1	Howard L. Lushbaugh Sr	I'ary Johnson	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address	_
ł		s_fr se J. Lught usi 47 .	esh nis St
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	To have the same of the same o	INTERVAL BETWEEN
	PART I. DEATH WAS CAUMED BY: Crushed Skull		Sudden
	MAMEDIATE CAUSE (a) OFUSTION SKULL		Budden
	terrals and day	at	1 11
	gove rise to immediate cause		-
	(o), stating the underlying DUE 10		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	MANUEL WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?
	20g. EXTERMAL CAUSE WAS 1206 DESCRIBE HOW INSURY OCCURRED IN	Her noture of injury in Port 1 or Port 11 of item 18.)	YES NO Z
	E LYNWYKI ELDI COMIKIONING ()		1 7
	S 120- TIME OF INITIES Month Day Year 1204 INSTERN OCCUPRED 120- 014C	rown out and run over by rear w	
/ [6 Hour Town, Mary 8 60 While / Not white 1 fector	ry, street, office bidg., etc.)	,,
		#40 23 miles east Cumberland,	Alleg .Md.
	21. I certify that I took charge of the remains described abov		
	opinion death resulted from: Natural causes , Accident	[], Suicide [], Homicide [], Undetermined m	onner
-	Lacruss B 1 4 Ph. 1 1	_	DATE SIGNED
	SIGNATURE Develoct Skitarelie	M.D CHIEF MEDICAL EXAMINER	
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER	
	NAME (Type) Benedict Skitarelic, M.D.	DEPUTY MEDICAL EXAMINER 5 March 8, 19	60
	220 BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR C	CREMATORY 22d. LOCATION (City, town, or county)	(State)
	Puri 1 17/11/61 Nose Hill Co	e etery in a comme	C
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGN	1.4
	Indian	DATE MAR 1 1 60 ariting S.	/ CLACOT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the centificate, writing the ward "pending" in pending them, 18. Give Mages 1, 2, and 3 to the function director. Mage execute the convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

The NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 will state Board of Heblith, and estignated agent, then to burial, cremation, or removal, and in any eright within 72 ms. MS. A15ME 5M 2757

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2750 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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e the certificate, writing the ward ''pendi warded to the Chief Medical Examiner's UNERAL DIRECTO™: Page 3 should be use

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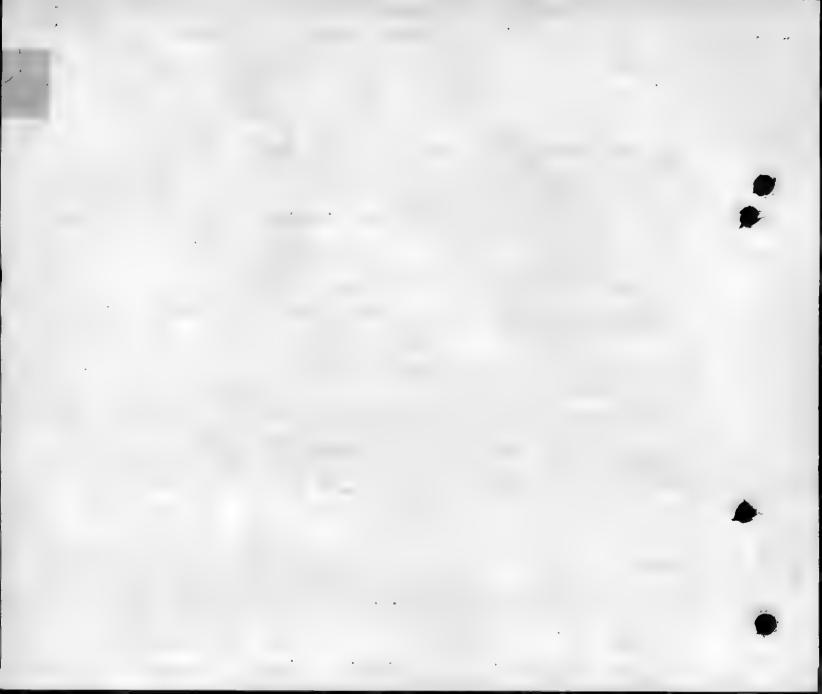
VS. A15ME(5)

5M 9/55

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02752

Rea. Dist. No. 2. USUAL RESIDENCE (Where decreased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Allegany Allegany Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland vears Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? D.O.A. MemorialHospital Potomac Park YES NO TX NAME OF 4. DATE Middle Month Doy Year DECEASED OF DEATH Walter Ravmond Mahanev (Type or print) 19 1960 March. 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE th years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED | DIVORCED | Male White 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11, BIRTHPLACE (Stote or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Cumberland, Md. Textile Lab Assistant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Owens James Mahanev 15. WAS DECEASED EVER IN II. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Anna Mahaney Cumberland, Md. no 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] TERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion Coronary Sudden IMMEDIATE CAUSE (0) **DUE TO** Coronary Sclerosis Conditions, if ony, which gove rise to immediate cause DUE TO (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? NO [2] 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part I) of item 18.3 PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (\$late) factory, street, office bldg., etc.) Not while a m of work at work D. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Notural causes XI, Accident , Suicide , Homicide , Undetermined cause ATE NOTE: ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] EXAMINED'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER K March 19. 1960 NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Mar. 22.1960 Hillcrest Burial Cumberland, Md. Park 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAR 2 2 60 24b. REGISTRAR'S SIGNATURE Cirthur S. March James F. Scarpelli, Cumberland, Md. DATE

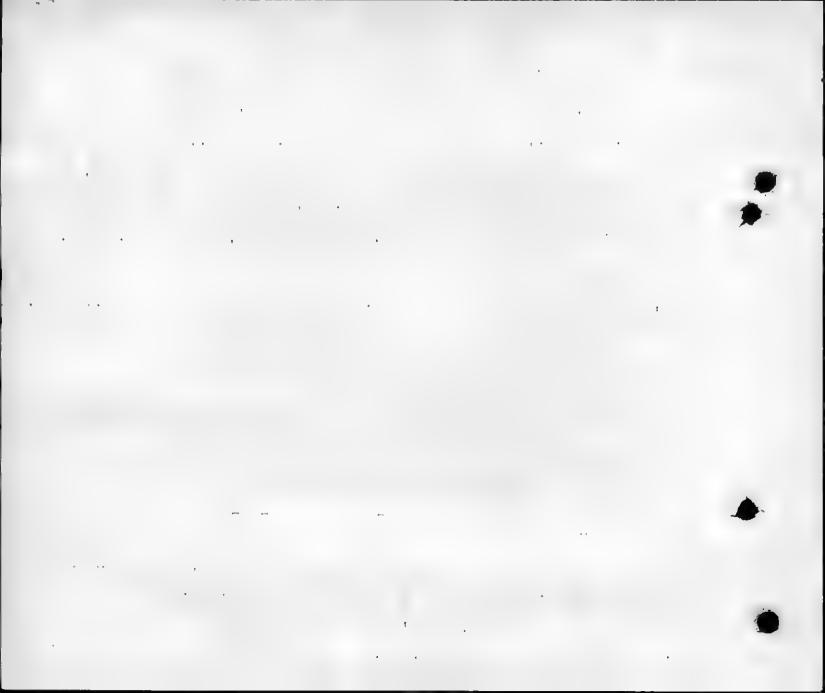


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1	273	1 CERTIFICA	ATE OF DEATH	Reg. Di	st. No.
	PLACE OF DEATH O COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Maryl:	ere deceased lived If institution; Residen	ce before admission) . egany
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or O) Cumber 1:	utside corporate limits, write RURAL and \mathfrak{a} n $\mathfrak{d}_{\mathfrak{g}}$	give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Lee St.,	address)	209 So.	Lee St.,	e. IS RESIDENCE ON A FARM? YES NO XX
	3. NAME OF DECEASED (Type or print) WILLIAM	Middle	MANK	4. DATE Month OF March	20, Yeor 20, 1960
	5. SEX 6 COLOR OR RACE 7. MARI White WIDOW	ED DIVORCED		B99 60 yrs. Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
			Frank-on-l	Main, Germany U	S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.		
	Frantz Mank		Eleanor 1	Vogel	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown] [If yes, give wor or dates of service]		NFORMANT	Address	
	No. 21	4-07-6374Mrs	s. Beulah Ma	ank 209 So. Lee	St., Cumb. N
	18. CAUSE OF DEATH [Enter only one cause per le				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) BT	onchogenic C	arcinoma		ONSET AND DEATH
	162. DUE TO				
	Conditions, if ony, which) (b)				
	gove rise to immediate couse (a), stating the under DUE TO				
	lying couse lost. (c)				
)	PART II OTHER SIGNIFICANT CONDITIONS OF THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	Enter nature of injury in Pa	ort For Part II of item 18.)	
	A Hour o, m, While	NJURY OCCURRED 20e. PLA Not white k ot work	ACE OF INJURY (Home, farm, lory, street, office bldg., etc.)	20f (City or town)	County) (State)
	21. I certify that I attended the deceas	ed from 9-26-	59 to 3	3-20-60 , 19 ,that ((last saw the decorred
	alive an 3-20-60 , 19		occurred at 6:050	M from the causes and on the	ha data stated above
	7 .			ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE RUPER W. S	alles.	w.p. 62 Gr	eene St.	3-21-60
	PHYSICIAN'S Ralph W. Ball	in M.D.	Cumber	rland, Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-23-60	22c NAME OF CEMETERY OR		22d LOCATION (City, town, or county)	(Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE	St. Luke's (Cumberland, Mar	
		aberland, Md.	240. REC'D	R 2 4 160 24b. REGISTRAR'S SIG	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 in by the funeral director, and 2 should be filed with may be retained by the haspital or otherding physician.

One NERAL DIRECTOR: After this certificate has been signed by the otherding physician and campletely a should be detached for use as the burial-transit permit. Then please remove corban page's the registror prior to burial ematian, or remayal, and in any event within 72 hours after death. 0 VS A1S (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2782 CERTIFICATE OF DEATH

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HOSPITAL OR ATTENDING PHYSICIAN:

ERAL DIRECTOR: After this 3 should be detached with

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE **b.** COUNTY ALLEGANY MARYLAND ATHEGANY b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 1941 FROSTBURG FROSTBURG d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS is RESIDENCE OR INSTITUTION ON A FARM 96 BEALL HOSPITAL YES NO X NAME OF First Middle Last Year DECEASED OF MASON MARCH WILLIAM 60 (Type or print) 19 9 AGE (In years lost birthday) 84 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED (NEVER MARRIED) B. DATE OF BIRTH Manths Hours MALE COLORED WIDOWED [DIVORCED TO 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10h. KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) RED MAINTENANCE U.S.A. VIRGINIA Dept. 13. FATHER'S NAME MAN 14. MOTHER'S MAIDEN NAME MARTHA FIDDLER UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address KEYSER NO LULA CHAPMAN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY Ö PERFORMED? S. YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d, INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While Not while at work at wark , that (I) (we) last 2) I certify that (I) (this hospital) attended the deceased frame Cand that death accurred 4.39M, from the causes and an the date stated above. saw the deceased alive and 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR -M.D. 22c. PHYSICIAN'S 22d. ADDRES NAME (Type) ST.. FROS TBURG. 23a BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) 160 F'BG ADDRESS 25a. REC'D BY REGISTRAR MAR 8

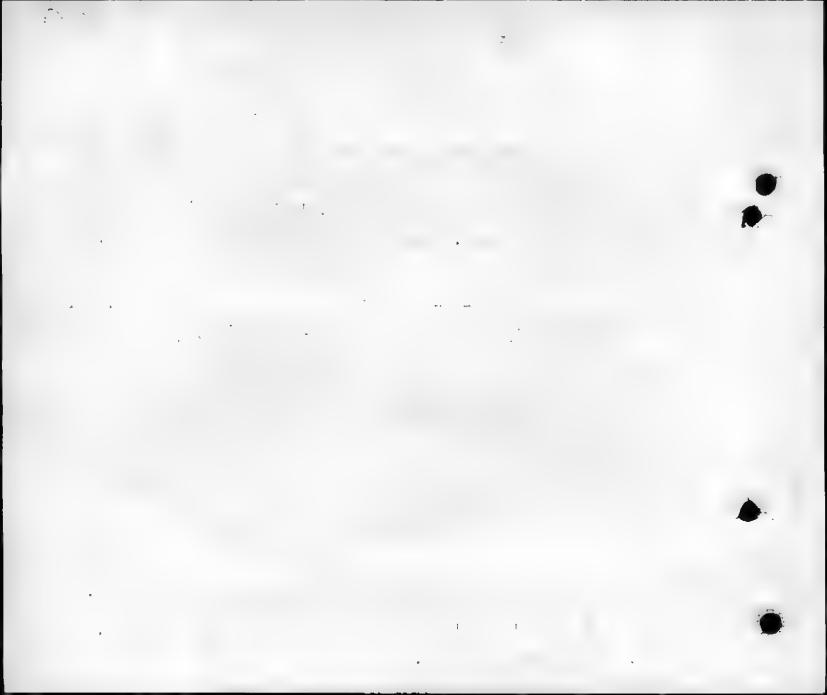
DATE

FROSTBURG. MD.

DURST.

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MARYLAND \$1	TATE DEPARTMENT	OF HEALTH—	BALTIMORE,	18
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		27	SS CERTIFIC	ATE OF DEATI	H	Reg. Dist. No.
}	1.	PLACE OF DEATH COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived If institution b COUNTY	on Residence before admission)
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF C	outside corporate limits, write RL	
/		d. NAME OF HOSPITAL (If not in hospital, give struction Taland Street		d STREET ADDRESS Teland S	treet	e. IS RESIDENCE ON A FARM? YES NO
	į.	NAME OF DECEASED (Type or print) CATHERINE	Middle E. McCl	JTC HEÓN	4. DATE Mont	th Doy Yeor 360 19
		remale White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/4/1887	lost birthday) 73 yrs.	Months Doys Hours Min
		. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) HOUSEWOPK FATHER'S NAME	06. KIND OF BUSINESS OR IND	Moscow,	MD.	U.S.A.
		Daniel Timmey	16. SOCIAL SECURITY NO. 17	Sarah N		At
and the same		(If yes, give wor or dates of service)	None	Vr. Jehn McC		lescow, MD.
		18 CAUSE OF DEATH [Enter only one couse go PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	be a comow	e of stow	nach	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-</u>	·	V		-
0	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIVE	EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
	T	20g. ACCIDENT WAS UNDERLYING 20b E OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Port I or Part II of item 18.)	
	MEDICAL	Hour o.m. Wh		PLACE OF INJURY (Home, farn factory, street, office bldg., etc	n. 20f (City or town)	(County) (Stole)
		21. I certify that I attended the dece alive an Mauch 15, 19	,	19.57, to V		that I last saw the decease and on the date stated above state) DATE SIGNE
		ACTUAL SIGNATURE POLICE - WWW.	up.	M.D. Wain	1 Sti	3,19,60
	220	BURIAL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY		22d LOCATION (City, town, o	r county) (State)
	23.	REMOVAL (Specify) 3/22/1960 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Cemetery 24g, REC	Moscow, MI	
		GEORGE EICHHORN	LONACONING	22 100		& House



Reg. Dist. No.

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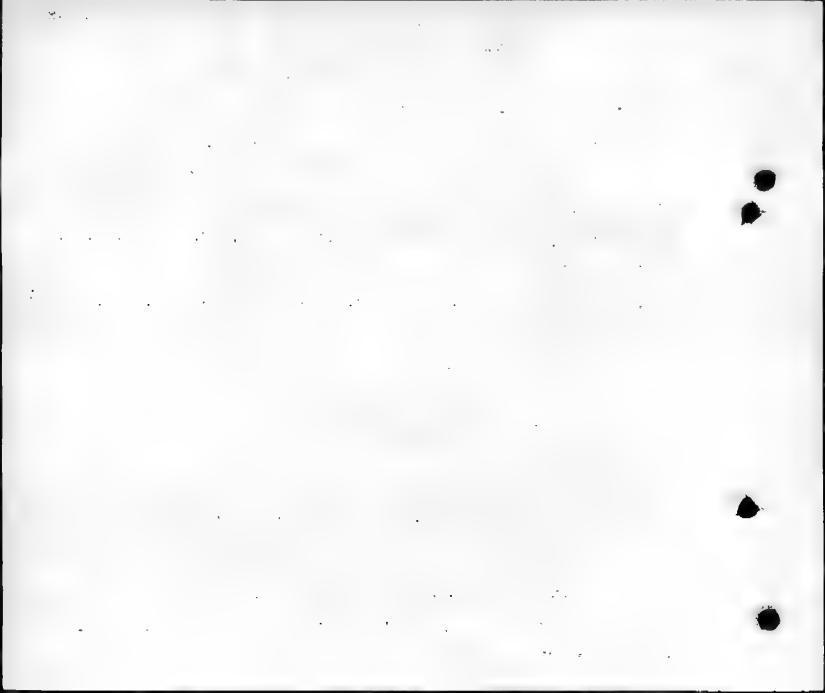
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1. PLACE OF DEATH o. COUNTY	
ALLEGANY	M
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	LENGTH OF S
CUMBERLAND	17 D
d NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	dress)
SACRED HEART HOSPIT	AL
3. NAME OF First DECEASED	Mi
(Type or print) JAMES	Edwa
5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MA
MALE WHITE WIDOWED	DIVC
100 USJAL OCCUPATION (G ve kind of work done 10b KII during most of working life, even if retired) CO-Owner & Mgr. 5001	therm
James McKalvey	
15 WAS DECEASED EVER IN J. S ARMED FORCES? 16 SO	CIAL SECURITY
No, 214	4-07-4
1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g)	Thren
E O 2 V DUE TO	
Conditions, if ony, which) (b)	kinne.
gove rise to immediate	ee abare
\ DUE TO	er para
couse (a), stating the under-	er share
lying couse last. DUE TO (c)	
couse (a), stating the <u>under-</u> lying couse last. (c)	
Couse (a), stating the under. Iying couse last. (c)	NTRIBUTING TO
Couse (a), stating the under. DUE TO Iying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS COU Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country	NTRIBUTING TO

PLACE OF DEATH	7	MARYLAND	a. STATE		ere deceased	I lived. If institute b. COUNTY,			admiss:	an)
ALLEGAN:	outside corporate limits, write	c. LENGTH OF STAY IN 16	12	TOWN (If ou	itside corpo	rote limits, write R	URAL and a		st fawn]
RURAL and give nec		17 DAYS	100	UMBERI	·		· ·			
CUMBERI d name of hospita	AL (If not in haspital, give street		/d STREET A		THIN TO			e.	IS RESI	DENCE
OR INSTITUTION	RED HEART HOSPI	ጥልፕ.	491 F	BALTIM	ORE AT	VE.				FARM?
NAME OF	First	Middle	Los		4. DATE	Mon	th	Dov	Y	/egr
DECEASED (Type or print)	JAMES	Edward	McKalı	rey	OF DEATH	MARCE	I	21	1	9 60
SEX	6. COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B. DATE OF BIRT	н		9. AGE (In years last birthday)	IF UNDER	_		
MALE	WHITE WIDOW	ED DIVORCED 💢	MAY 5.	1909		50 yrs	Months	Doys	Haurs	Min
USJAL OCCUPATION	N (G ve kind of work done 10b ng life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPE	ACE (State a	ır foreign c	ountry)	12.CIT1			OUNTRY?
o-Owner		athern Bar	Will:	iamsp	ort,	Md.	U.	S.	Α.	
FATHER'S NAME			14. MOTHER'S							
James M	cKalvey			Anna	Shie	lds				
	F yes, give war or dates of service)		NFORMANT			Add				Md.
No,	2	14-07-4885 M	rs. The	omas	Beck	546 Na	t. Hw	y.	La	Vale
	TH [Enter only one cause per li	and I						INTER	VAL BET	TWEEN
PART I, DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Threnias								
5927	DUE TO	Ekrones B.	,	4	,	+		11		
Conditions, if on		dirone Is	l-Brokery-ez-h	corred.	ateria	l		14	122	£ 3
gove rise to in couse (a), stating t	V DIJE TO									
lying couse last.	(c)									
1	ER SIGNIFICANT CONDITIONS C	2 /			NAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	RMED?
	holical 7	James gradens						`	res 🔼	NO 🗌
OR CONTRIBUTING I	S UNDERLYING [] 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of Injury in Po	ort I ar Por	f II of item (B)				
20c. TIME OF INJURY		f.	ACE OF INJURY (or town)	(0	ounty)		(Stote)
Hour o.m.	19 While at wor	k at work	ciary, singer, arrice	a biogr, erc.)	1					
21. I certify the	at I attended the deceas	ed fram Nov. 33	19.50	, ta_luni	noir 2	12.60	That I la	st saw	the de	eceased
alive an Mar		Q, and that death								
	A-			man a to com		treet, city or lown,				E SIGNED
ACTUAL SIGNATURE	1. Michan	Glick	м.р. 136 1	. <u>3 a</u>	11:100	1 Struct,		3/2	3/6	0
PHYSICIAN'S NAME (Type)	L. Michael Glic	ь, м.D.	Cumb	perlan	d. ka	ry and				
BURIAL, CREMATION		22c. NAME OF CEMETERY O				TION (City, town,	or county)		(State	2)
REMOVAL (Specify)	3/24/60	St. Mary's				mberlan		rvl	,	,
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS				RAR 24b REGI				
H. Wayne	George Cum	berland, Mar	yland	DATE MA	0 2 9 7	60 ~	.1 0	20		



Q E Q O VS A15 (4) 15M 9/58

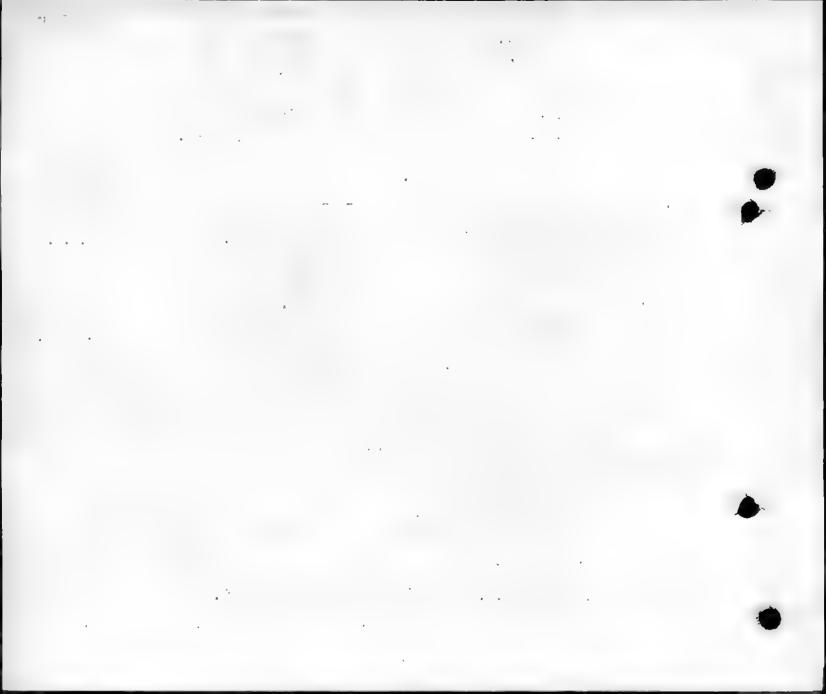
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2752

(2757

HIUS	3			Keg. Dist. N	0.
1. PLACE OF DEATH a COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. CO		
ATLEGANY	-	MARMI			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	100	utside corporate limits, w	rile RURAL and give n	earest lown)
CUMBERLAND	2DAYS	0.03.40.2	CRLAND		
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION SACRED HEART	address)	5 STREET ADDRESS	OLDTOWN RD.	,	e IS RESIDENCE ON A FARM? YES ☐ NO 📆
		<u> </u>	+		
3. NAME OF First	Middle	Last	4. DATE OF		Day Year
(Type or print) JAMES	н.	MERRILL	DEATH	-	1960
	RIED NEVER MARRIED D	B. DATE OF BIRTH 111-78	9. AGE (In last Birth	doy) Months Doys	Hours Min.
114224		.,		yrs.	
100 USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired Mech. Operato		no Dlamt			U.S.A.
Retired Mech. Operato	i itabbet ii.	14. MOTHER'S MAIDEN N	7	rill Md.	U.D.A.
Elias Merrill		Barbara I	Broadwater		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	None	PT'S CHART.			
1B. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	. /	4.7%	12	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	maternhi	ntu lever I De	nien	01	a month
// A A DUE TO	guestige				
Conditions, if ony, which)	mary Dies	Continuely	com's		2401-
gave rise to immediate	good our year	· www.	,,,,,		july,
twice cours fort					
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITIO	N GIVEN IN PART 1(o)	19. WAS AUTOPSY
CATIC					PERFORMED? YES NO E
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Part I or Port II of item 1	8)	
	I.	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.	20f. (City or tawn)	(Count	y) (Stote)
Hour o.m. White	IAUI AUII6	ciory, street, diffice blug., etc.	<u>'</u>		
21. I certify that I attended the deceas	nd from 2 - 1-	1960 10	3-10- 10	Le, that I last so	the deserve
alive an 3-10- 196		occurred of 8:551	/ / / / / / / / / / / / / / / / /		
dive di	TYLLL, and that death		m, rram rne cause ADDRESS (Street, city or		DATE SIGNED
ACTUAL / / / / / / / / / / / / / / / / / / /	2	•	ADDRESS (SITUE), CITY OF	town, storej	
SIGNATURE.	-	M.D			
PHYSICIAN'S NAME (Type) I. BRINGS M.I)_	57 GRE	FNE ST.	·	
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City 1	awn, or county)	(Stote)
Buelal 3-13-60	Sunset Mem	orial Park	Cumberla	nd, Maryla	ind
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a REC'I	D BY REGISTRAR 24b.	REGISTRAR'S SIGNAT	URE
James F. Scarpelli C	Sumberland, Mo	DATE MA	AR 1 5 '60	arthur 8. Hr	and



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	2'	754	CERTIFIC	CATE OF	DEATH		Reg. D	ist. No.	
1. PLACE OF DEATH o. COUNTY ALTEG	ANY		MARYLAN	ii a STATE	SIDENCE (Who	_	If institution: Reside COUNTY	nce before adr ALLEGA	
RURAL and give r	(If outside corporate limerest town) RT_AND	its, write	c. LENGTH OF STAY IN 1	- 2.	TOWN (IF a		nits, write RURAL and	give nearest to	nwc)
	TAL (If not in hospitol, SACRED H'A)			/d. STREET		AIRMONT A	VE.	10	RESIDENCE A FARM)
3. NAME OF DECEASED (Type or print)		rsi	Middle	MERRIT"	ast T	4. DATE OF DEATH	Month MARCH	Day 10	Year 19 60
5. SEX FE' ALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED		TH JUTY11	9. AG lost	birthdoy) Manths	Days Hou	
10a. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR IN HOUSE	DUSTRY 11. BIRTH		ar fareign country)		USA	TCOUNTRY
	MITCHELL	RCES? 1A	SOCIAL SECURITY NO.		YN LUT		EASED)		
NO O	(If yes, give wor or dates of	N C	n∉		Heart	Hospita		erland	, /La.
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY TO 20g. TIME OF INJU	the under DUE TO the under DUE TO there significant con as underlying G	DO DESCO		Nha	of injury in P	ort 1 or Part II of i	tem 1B)	PER	AS AUTOPSY FORMED?
21. I certify olive on ACTUAL SIGNATURE	pat I aftended the	7, 12	ed from And their der	19 19 1	9 10 /1 2:25A	much	auses and on the	e dote stol	e deceosed red obove PATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify	viar 12	1960	Millcrest	y or crematory Burial	Park	,	erlana,	Md.	itote)
23. FUNERAL DIRECTOR Byron	rs signature Kight		ADDRESS Cumberland	, Md.	1	BY REGISTRAR	24b. REGISTRAR'S S Cultury &		



e. IS RESIDENCE ON A FARM?

YES NO P

Yeor

Rea. Dist. No.

Allegany

19/1960 19 IF UNDER I YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Lonaconing. INTERVAL BETWEEN ONSEJ AND DEATH PERFORMED? YES TO NO TO (County) (Slate) 1956, to March 19, 1960, that I last saw the deceased . and that death occurred at 1:35 DM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City), town, or county) Frostburg, Memotial Park ADDRESS 24b REGISTRAR'S SIGNATURE 240. RECID BY REGISTRAR MAR 2 2 '60 LONACONING, MD. Orthung & Heare

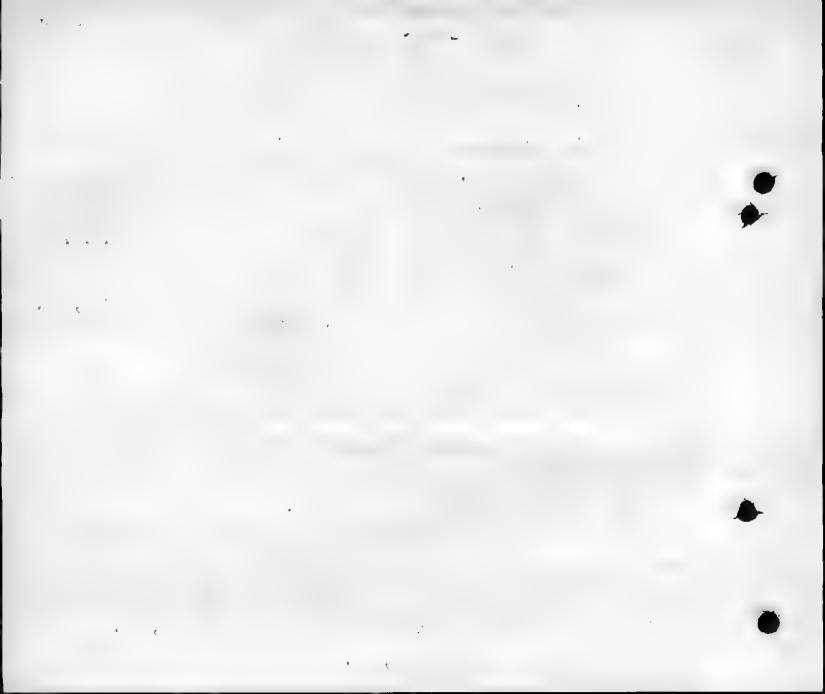
15M 10/57

220. BURIAL CREMATION, 22b. DATE THEREOF

GEORGE EICHHORN

23. FUNERAL DIRECTOR'S SIGNATURE

22/1960



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND

c. LENGTH OF STAY IN 16

PENNSYLVANIA b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) ALLEGHENY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give. WKS. d NAME OF HOSPITAL (If not in haspital, give street address)

PITTSBURGH d. STREET ADDRESS

. IS RESIDENCE ON A FARM? YES NO A

OR INSTITUTION MINERS HOSPITAL NAME OF DECEASED CHARLES (Type or print)

CLAYTON

Middle

MUR PHY B DATE OF BIRTH

4. DATE OF DEATH

Month MARCH IF UNDER 1 YEAR IF UNDER 24 HRS

Year 1960

5 SEX MALE

6. COLOR OR RACE WHITTE

7 MARRIED NEVER MARRIED WIDOWED | DIVORCED IT

1900 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

9 AGE (In years last birthday) 60 yrs

Months Days Hours 12. CITIZEN OF WHAT COUNTRY?

MACHINE OPERATOR

COPPER

MARYLAND 14. MOTHER'S MAIDEN NAME U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

13. FATHER'S NAME

ARTHUR MURPHY

CORLISTA

GROGHAN

5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.

17. INFORMANT

Address SAMUEL MURPHY. La VALE.

1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinomatosis DUE TO Metastatic Carcinoma of Liver Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the under-Carcinoma of Acending

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

PERFORMED? YES NO TO

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)

20c. TIME OF INJURY Manth, Year Hour a m.

20d INJURY OCCURRED While

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg . etc.)

22d. ADDRESS

p. m.

lying couse lost.

Nat while at wark of wark

(County) (State)

21. I certify that (1) (this haspital) attended the deceased from January 519 60 to March 15, 1960, that (1) (we) last March 6 and that death accurred at 7-AM, from the causes and on the date stated above. saw the deceased alive an 22g SIGNATURE

MED DIRECTOR STAFF PHYS.

22c. PHYSICIAN'S NAME (Type)

WALTERS. M.

BROADWAY, FROSTBURG, MD. 23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City town, or county)

GARRETT

(State)

REMOVAL (Specify)

23a BURIAL, CREMAT ON, 23b. DATE THEREOF

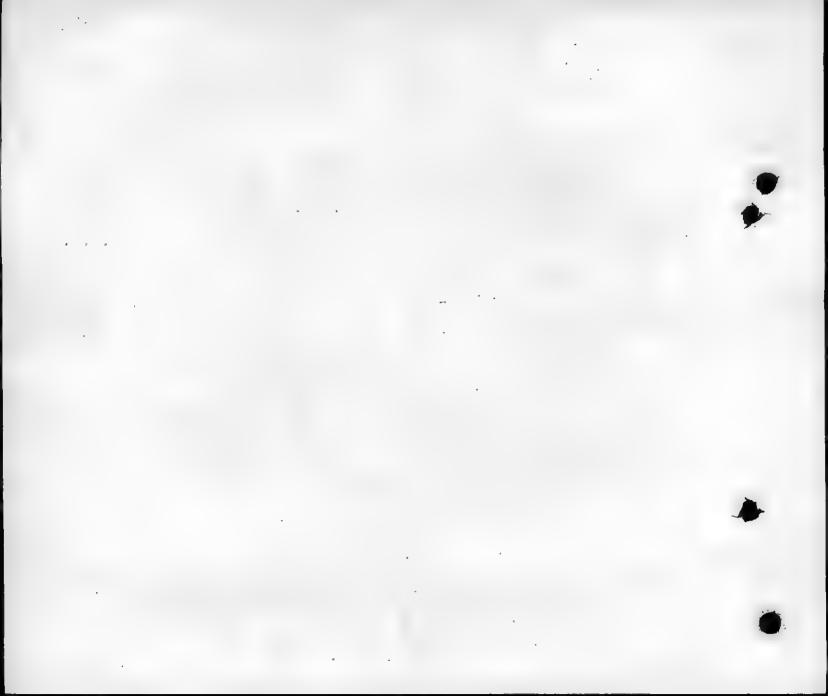
60

FROSTBURG,

MT. ZION CEMETERY

250, REC'D BY REGISTRAR DATE MAR 1 8 '60

COUNTY 25b. REGISTRAR'S SIGNATURE Circling & Krash

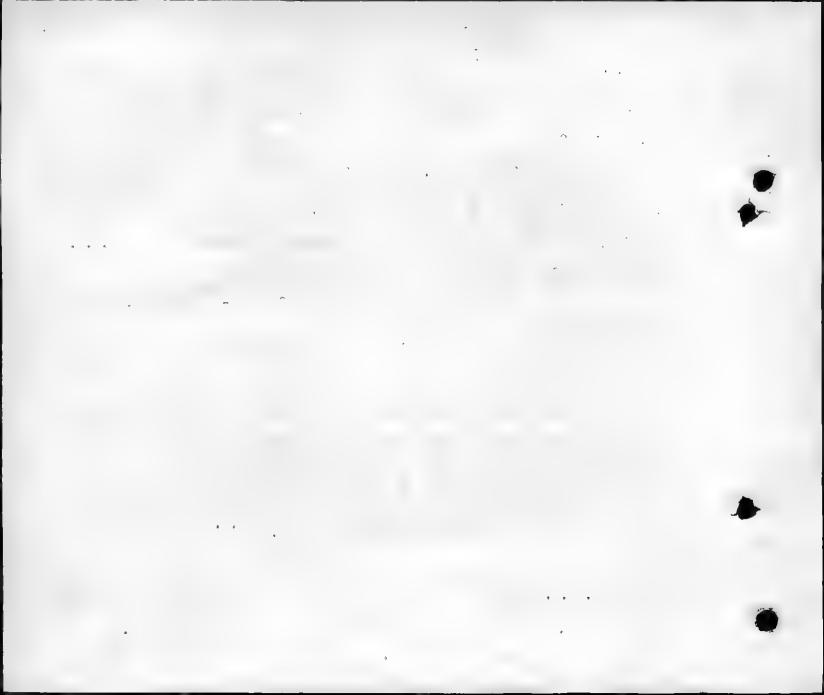


VR A1S (4) 1SM 9/59

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO TERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely mad in by the funeral director, pour 3 should be detached for use as the burial-transit permit. Then please remove carban paper. P. I and 2 should be filed with the State Board of Health process.

B. CLITO & TOWN If counted corporate limits, write RURAL and gover nearest town) CUMBERLAND ON THE STREET ON		ALLEGANY		MAI	RYLAND	o. STATE MARY	LAND	b. COUNTY	ALLEGA		nan j
MANE OF HOSPITAL HOSPITAL JOSEPH S. MYES S. A FARM MARCH S. MYES MARCH MARCH S. MYES MARCH	Ŀ	RURAL and give nearest town)	limits, write					rote limits, write R	URAL and give ne	arest town)
DOUGH E. MYERS SEX	,	NAME OF HOSPITAL (IF not in haspite OR INSTITUTE HOSPIT	IAL	oddress)		d STREET ADDRESS		STREET		ON A	FARM?
MALE WHITE WIDOWED & DIVORCED MAY 23, 1873 86 by: Months Doys Month Doys Min Min MARYLAND MARYL	- (DECEASED			-		QF		RCH 3	3	9 60
RETIRED RENJAMIN MYERS S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT WARWICK & MEMORIAL MYENUE CATHERINE GREEN WAR UNDERLAND. 18. CAUSE OF BEATH [Enter only one couse per line for (0), (b), and (c). 18. CAUSE OF BEATH [Enter only one couse per line for (0), (b), and (c). 19. CAUSE OF BEATH [Enter only one couse per line for (0), (b), and (c). 19. CAUSE OF BEATH [Enter only one couse per line for (0), (b), and (c). 19. CAUSE OF BEATH [Enter only one couse per line for (0), (b), and (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one couse of (c). 19. CAUSE OF BEATH [Enter only one cou		MALE WHITE	WIDOWE	D DIVOR	CED 📗	MAY 23, 18		lost birthdoy)	Months Doys	Hours	Min
BENJAMIN MYERS S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? I. S. SOCIAL SECURITY NO IT INFORMANT WARWICK & MEMORIAL ATTENUE MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND INTERVA. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. LOUE TO Conditions, if any, which gover rise to immediate couse (o.) User to but to but to but to but to be couse (o.) User to but to but to but to but to but to but to be couse (o.) User to but to but to but to but to but to but to be couse (o.) User to but to but to but to but to but to but to be couse (o.) User to but to but to but to but to but to but to be and the couse (o.) User to but to but to but to but to but to be and the couse (o.) User to but to but to but to but to but to be and the couse (o.) User to be and the couse (o.) User to but to		RETIRED	ired)		OR INDUS	CUMBERL	AND, MAF				OUNTRY?
State Stat	J.							EN			
PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), storing the under couse (o), contributing course for the terminal disease condition given in part (o) 19. Was autopsy PERFORMED? YES NO POTH 10 of item 18.		, no or unknown) (If yes, give war or date	of service)			44,417,44 1				RYLAN	D
Burial Mar. 5, 1960 Frostburg Mem. Park Frostburg, Md. 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED INMEDIATE CAUSED INMEDIATE CAUSED INMEDIATE CAUSED INMEDIATE CAUSED IN INTERCED IN INVESTIGATION CAUSED IN INVESTI	SY: (a) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Contributing to Industry Occurred Not white of work or MS	DEATH BUT 20e. PL. fac and thot co	NOT RELATED TO THE TE D. (Enter nature of injury) ACE OF INJURY (Home, ctory, street, office bldg., deoth occurred at ATTENDING PHYS 22d. ADDRESS	form, 20f. (City etc.) 12 50 April 2: M. from MED. DIRECTOR	E CONDITION GIV	(County and on the dot	19. WAS PERFOYES 11.	AUTOPSY RMED? NO IF
		Burial Mar.5		Frostbu		lem. Park	Fro	stburg,	Md.		(e)
	24		Cumb		Md.						

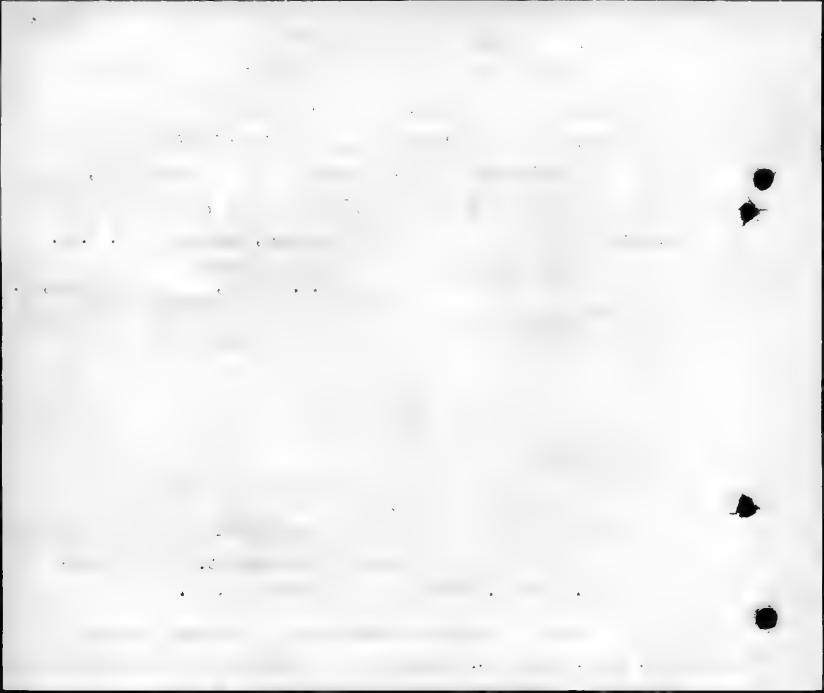


VS A1S (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	,
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2756 CERTIFICATE OF DEATH

				Reg. Dist. No.						
	1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	and b. COUNTY	Residence before admission)				
1	b. CITY OR TOWN RURAL ond give i		2/20/60	c. CITY OR TOWN (If authide carparole limits, write RURAL and give nearest town) Cumberland						
	d. NAME OF HOSP OR INSTITUTION Alle	TAL (If not in hospital, give street gany County	oddress) Infirmary	/ d. STREET ADDRESS 222 P	ear Street	e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) First Elizabet		th Ellen	Odgers 4. DATE Month Day Of DEATH March 1,						
	5. SEX 6. COLOR OR RACE 7. MAR White Widow			8. DATE OF BIRTH 5/15/1884	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.					
	10a. USUAL OCCUPATION (Give kind of work done lob, during most of working life, even if retired) Housewife		o, KIND OF BUSINESS OR INDU	Frostbur	g, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
	13. FATHER'S NAME	Alfred Thom		14. MOTHER'S MAIDEN NAME Rebecca Hayes						
	15 WAS DECEASED EV (Yes, the, or unknown)	ER IN U. S ARMED FORCES? 16 (If yes, give wor or doles of service,		nformantP.O.Bo llegany Cou		"Cumberland, Md Records				
	PART I. DE 420.1 Conditions, if	18. CAUSE OF DEATH [Enter only one cause per line for (a): (b): and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Chronel Physical Ceal Sequential Conservation Due to Conditions, if ony, which) (b) Chronely Selection Conditions, if ony, which)								
	gave rise to immediate couse (o), stating the under ty ng couse last. DUE TO Conference of the country of the content of the country of the									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WELTED TO THE TERM NAW SEASE CONDITION GIVEN IN PART I (6) 19. WAS A JTO PERFORMED YES NO									
	OR CONTRIBUTION									
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m., p. m. 19 At while at work at work at work 19 At work									
	21. I certify that I attended the deceased from 2/20/60 , 19 , to 3/1/60 , 19 , that I last saw the deceased alive on 3/1/60 , 19 , and that death occurred at 12:00 North causes and on the date stated above. ACTUAL SIGNATURE Security Street, city or town, stole) ACTUAL SIGNATURE STREET ACTUAL ACTU									
	PHYSICIAN'S NAME (Type)	Dr. James E	. McLean	Cumbe	rland, Md.					
]	220. BURIAL, CREMAT REMOVAL (Specify Burial 23. FUNERAL DIRECTO	3/4/60	Prostburg Mon	prial Park	22d. LOCATION (City, town, or Prostburg. D BY REGISTRAR 24b. REGIST					
	John J. Ha	afer, Cumberla	nd, Maryland	DATE	AR 1-0 '60 G	12 2 Km				



VR A1S (4) 15M 9/59

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* P = -	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		Allegary MARYLAND					2. USUAL RESID	Md.	ere deceased	l lived. If institution b. COUNTY		ence before admission),				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 1. Catenanat 54 Yra					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)										
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 330 Front			/d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO_												
		NAME OF DECEASED (Type or print)	William Fi		Middle Stenislaus		Pastrin		4. DATE OF DEATH	Mon Herr.	њ 1	Day 7	Year 1940			
	S S	ale	6 COLOR OR RACE White	7. MARE	RIED NEVER MARR		Sept.		8	9 AGE (In years last birthday) 91 yrs.	Months De	EAR IF UND				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIF during most of working life, even if retired) Pan Room Operator Paper Mil				OR INDUS	TRY 11. BIRTHPL		or fareign co	ountry)		S.A.	COUNTRY?				
	13. FATHER'S NAME CLEMENT Pas Kun 14 MOTHER'S MAIDEN NAME ROSALIE MO							בי עונ.	5							
			R IN U. S. ARMED FOR	Lennon	SOCIAL SECURITY NO	., "	rs. Monr	oe Pe	arce_/	Addi	nt, Md					
			mmediale (P:	neumonia		ular ac	cide	nt				wks.			
	FICABION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Congestive heart failure 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)														
	CAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or town) (State)														
	MEDICAL	Haur a. m p. m. 19 While at work of work follows: factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Feb. 1, 1960, ta March 17, 160, that (I) (we) last														
saw the deceased alive an Mar. 17,1960, and that death accurred at 0:45 Frankhe co								STAFF D	d an the d	Md	d abave. 2b DATE SIGNED					
	В	REMOVAL (Specify)	3/21/60		St. Pit				Teat	non (City, town,		Md.	ote)			
	24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS Western	port,	Md.		AR 2 2 1	0.0	STRAR'S S GN					



(State)

22b.DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2760 CERTIFICATE OF DEATH

	A 0 0 0	CERTIFICA	IL OI DEATH						
PLACE OF DEATH	GANY	MARYLAND	2. USUAL RESIDENCE (W. g. STATE MARYL	1 (01)	ion. Residence before admission) ALLEGANY				
b CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, write f	RURAL and give nearest town)				
RURAL and give	negrest fown) BAVAGE	I DAY	× Mr. 5	AVAGE, MARYLAN	n				
	ITAL (If not in hospital, give Ital		d STREET ADDRESS	ATANC, FRANCE	e IS RESIDENCE ON A FARM? YES NO				
NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Day Year				
Type or print)	MARY	Ε.	POLLOCK	DEATH MARC	:H 8 1960				
EX	6. COLOR OR RACE 7 MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)					
EMA LE	WHITE WIDO	WED DIVORCED	JANUARY 20	1890 70 yrs	Months Days Hours Min				
JSUAL OCCUPAT	ION (Give kind of work done 10 rking life, even if retired)	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEN OF WHAT COUNTR				
during most or we	rking tire, even it retired)		MT. SAV	AGE, MARYLAND	U. S. A.				
FATHER'S NAME		-	14. MOTHER'S MAIDEN	NAME					
V	ILLIAM HARDEN		LAURA	SHAFFER					
	ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Add	fress				
s, na, ar unknawn)	(If yes, give wer or dates of service)		MEMORIAL HOSE	ITAL. CUMBERLA	ND MD				
1B. CAUSE OF D	ATH Enter only one couse per		EDWINE HOU	TIAL SOURCE	INTERVAL BETWEEN				
PART I. DI	ATH WAS CAUSED BY:	Cerolina	l Heur	religia	ONSET AND DEATH				
2/.0	DUE TO	2		//					
Conditions, if	any which	Coronia Heal	restouping (Partially nous	195				
gove rise to	immediate (DUE TO	war and frage	of the said	error verezo	7 / 2				
lying couse lost	3 the nuger-	Dealet	es V	Lellitin	2				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO.} \text{ NO.} V. S.									
					PERFORMED?				
20m. ACCIDENT V	AS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.)	1 10 0 10				
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)		,						
20c. TIME OF INJU		. INJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, for	m, 20f (City or town)	(County) (Sto				
Hour o.m	. Whi	ile Nat while fo	ctory, street, office bldg., el		1				
p. m	,	vark of wark	C 40) — / at				
21 I certify It	at (1) (this haspital) atte	nded the deceased from	19 17 97 19		19_6				
	ased alive an	19 Gand that	death accurred 0:0	OM, from the causes a	nd an the date stated above				
220 SIGNATURE	12 1 9	mit in	ATTENDING 1/ A	AED STAFF	22b.DATE SIGN				
22c PHYSICIAN'S	1 BC - 0 - 1	1. leter	22d. ADDRESS	DIRECTOR PHYS					
NAME (Type)	DR. W. F.	WILLIAMS	Pinn	Beneard	THE 3.9.60				
RIDIAL CREMAT	ON, 23b, DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, town,					
REMOVAL (Specif	2-11-60	St.George 's		Mt. Savage	Li. Ĉa				
		Fun appress Home		"D BY REGISTRAR 2Sb. REG					

RAR'S SIGNATURE Cothur S. Kross

DATE MAR 1 1 '60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VR A15 (4) 1SM 9/S9

led in by the funeral director,

this certificate has been signed by the attending physician and or use as the burial-transit permit. Then please remave carbon, to burial, cremation, or removal, and in any event, within 72 to

be retained by the haspitol ar attending physician.
NERAL DIRECTOR: After this certificate has been si
3 should be detached for use as the burial-transit



02768

e. IS RESIDENCE

YES NOTE

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

days

PERFORMED? YES TO NO T

DATE SIGNED

(State)

March 12

22d LOCATION (City, town, or county)

(Slate)

1960

Min.

Dov

TISA

ON A FARM?

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) n. COUNTY Allegany MARYLAND anna Bedford b. CITY OR TOWN (if outside comprote limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give nearest town) Cumberland davs Hyndman d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Memorial Hospital RD NAME OF 4. DATE First Middle Last Month DECEASED (Type or print) ROBERT EUGENE PRINTY DEATH MARCH 12 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 14 B. DATE OF BIRTH 9. AGE the years IF UNDER TYEAR last birthday) Months 12 WIDOWED | DIVORCED [7] Feb.3 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired] 12. CITIZEN OF WHAT COUNTRY? C umberland. Md. Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Printy Reada Burley Robert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Robert Printy. Hyndman.Pa. RD# 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Contusions of Brain, Diffuse DUE TO Conditions, if any, which Multiple Skull Fractures gave rise to immediate couse **DUE TO** (a), stoling the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) automobile while on bicycle 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not while! at work at work 1960 8:40 p.m. Mar. 9 Highway near Hyndman, Bedford, Penna 21. I certify that I tack charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and find that Accident [7], Suicide [7], Homicide [7], Undetermined cause [7] death resulted from: Natural causes . **ACTUAL** SIGNATURE

VS. A15ME(5) 5M 9/55

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Pages

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pending" in per ainer's Office plang with ru-

writing the ward "I hief Medical Examin OR: Page 3 should E

varded to the Chief

W 3

EXAMINER'S

NAME (Type)

220. BURIAL CREMATION, 1226. DATE THEREON

REMOVAL (Specify) Mar. 16, 1960 Porter Cemetery Hynuman.Pa. hD#1 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE" 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 1 6 '60 Curtiny & France Hyndman.Pa.

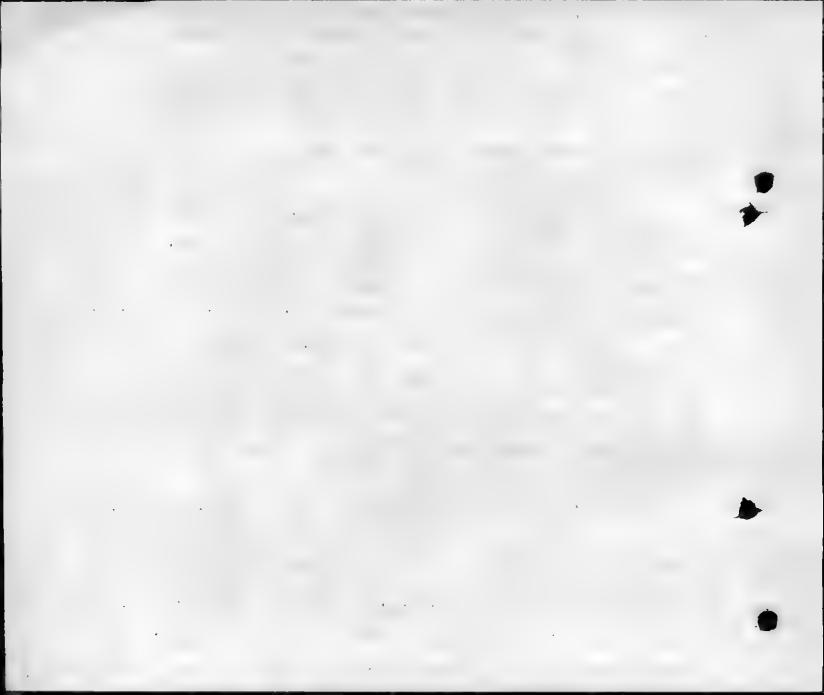
22c. NAME OF CEMETERY OR CREMATORY

Benedict Skitarelic. M.D.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER TO



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2758 Reg. Dist. No. EALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission a COUNTY Allemeny O STATE TAR b. COUNTY Health, Allemen MARYLAND b. CITY OR TOWN (It outs de corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give represt fown) Cumberland 16 days Ġ, Westernwort d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS חת לה של בנר 3. NAME OF 4. DATE First Middle Month DECEASED Frederick DEATH (Type or print) 9 AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED [NEVER MARRIED [B. DATE OF BIRTH IF UNDER TYEAR Months MOTO White WIDOWED | DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Cut time Charter Co. 1 line Marriand 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Pritts Harriett Schoolie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address fit yes, give war or dates of service) F.F. Pritts-Westernort. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART J. DEATH WAS CAUSED BY: Cardiac failure IMMEDIATE CAUSE (0) - of of DUE TO Arteriosclerotic Cardiovascular disease Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY wied Pneumonia, acute, right lung 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I took charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, opinion death resulted fram: Natural causes 🏗 Accident 🗍, Suicide 🧻, Hamicide 🗍, Undetermined manner 🗍 DIRECTOR M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Benedict Skitarelic, M.D. DÉPUTY MEDICAL EXAMINER (X March 17. 1960 NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION 22d LOCATION (City, town, or county) REMOVAL (Specify) Philos Burtol 2/17/60 Vesternnort ADDRESS 23. FUNERAL/DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS A15ME Mantannart, Circhia & Hearing

ON A FARMS

YES NOT

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN DISET AND DEATH

3 wks

PERE MED?

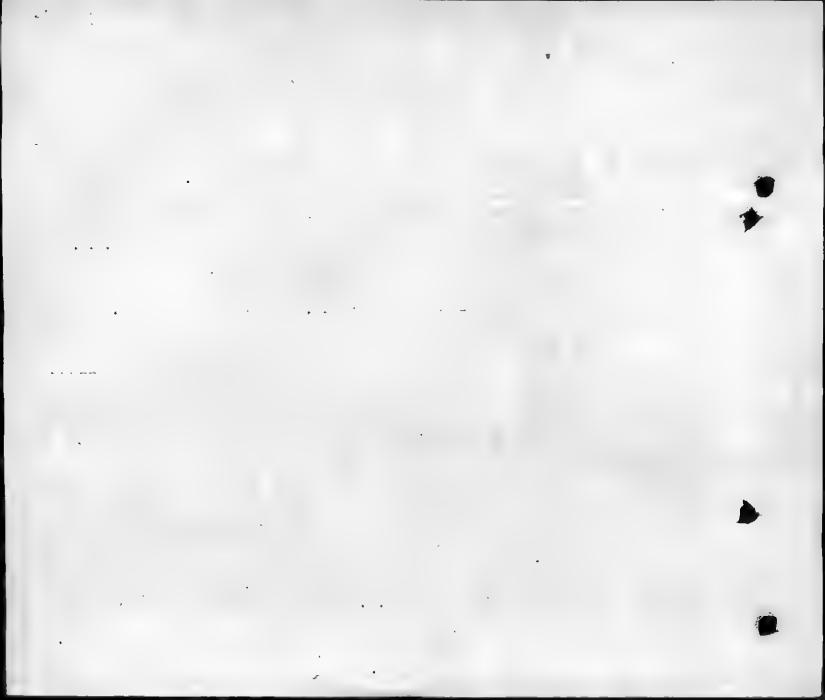
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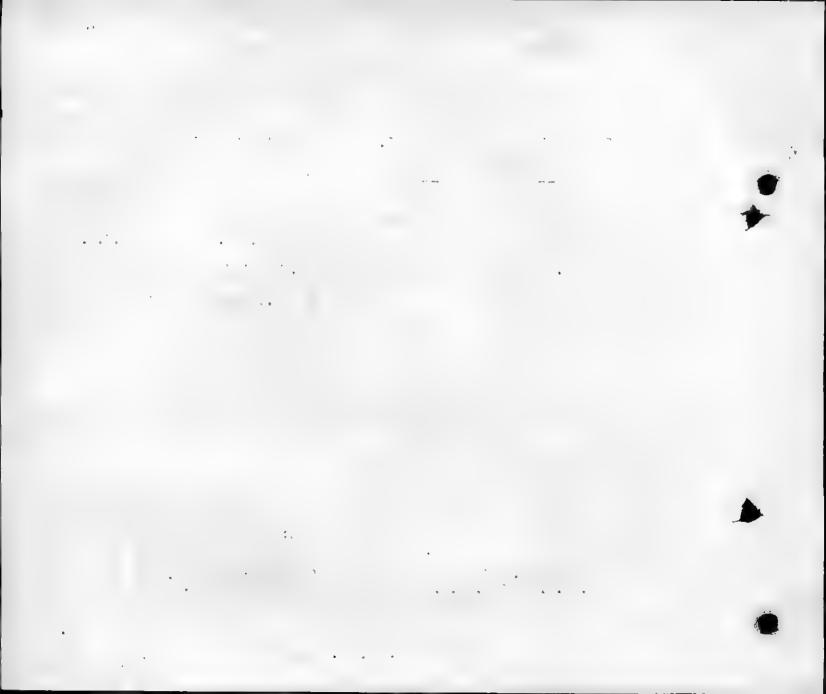
(State)

Days



death.

hours after



22b DATE SIGNED

(State)

Md.

	970-	CERTIF		E OF DEATH	AORE I, I	MAKTLANU		(147	69
1	PLACE OF DEATH c. COUNTY Allegany	MARY	(LAND	2. USUAL RESIDENCE (Who	are deceased	d lived. If institution b. COUNTY		egar		on)
	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or		rote limits, write RU	JRAL and	give nec	irest fown	ì
	d. NAME OF HOSPITAL (If not in hospital, gi or institution 114 000 5t.	ve street oddress)		d. STREET ADDRESS	d				_	DENCE FARM? NO
3.	NAME OF DECEASED (Type or print) Gadeon	t Middle		itz	4. DATE OF DEATH	Mar.	h	Po	,	19 ⁶⁰
_	16-1- 16-1-A	7 MARRIED NEVER MARRI WIDOWED DIVORCE	W "	May 10, 1875		9 AGE (In years last birthday) 94 yrs	Months	Days	Hours Hours	R 24 HRS Min.
	a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Laborer	one 10b. KIND OF BUSINESS C		Penn.	or foreign c	ountry)		S.A.	WHATC	OUNTRY?
13	Joseph Reitz			14. MOTHER'S MAIDEN N	AME	Linder	mutt	0		
-{1	WAS DECEASEDEVER IN U. S. ARMED FORCES, no. or unknown] Yes Spanish A.V	rvice)	Mr	ormant s. Rey Hagger	·ty-We	Addr sternport				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)		2	1				_ QNS	erval Bet Bet AND Yrs.	DEATH
	Conditions, if ony, which gave rise to immediate couse (p), stating the under-lying cause last.									
T.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO									
CAL CERTI	OR CONTRIBUTING CAUSE OF DEATH OF DESCRIBE HOW INJURY OCCURRED. (ERIEF RIBIDE & IMPLY IN FOIL TO FOIL TO THE TOTAL OF THE TOTAL OF THE TOTAL OCCURRED. (ERIEF RIBIDE & IMPLY IN FOIL TO THE TOTAL OCCURRED.)							154-1-1		
MEDIC	Hour a. m. 19	While Not while of work O	facto	E OF INJURY (Home, form, ory, street, office bldg., etc.)		or town)		County)		(State)
	21. I certify that (I) (this haspital) saw the deceased alive an 2/2	attended the deceased 27. 19.60, and	framJJ that de	ath accurred at UA	59 to _ M, fram	March the couses an				abave
	220 SIGNATURE Villiam 1.	Led Mo.	м	ATTENDING ME	D.	STAFF PHYS			.49	SIGNED

REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE

22¢ PHYSIC ANS NAME (Type)

23g BURIAL CREMATION, 23b DATE THEREOF 60

William W. Lesh. M. D.

23c NAME OF CEMETERY OR CREMATORY Philos Cem

84 Main St., Westernbort, Md. 23d LOCATION (City, town, or county)

Westernport 250. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE wing S. Frank

Westernmert, Md.

ADDRESS

VR A15 (4) 15M 9/59

DATE MAR 8 4.00

22d ADDRESS

0

in by the funeral director, and 2 should be filed with

complet

and in ony event, within

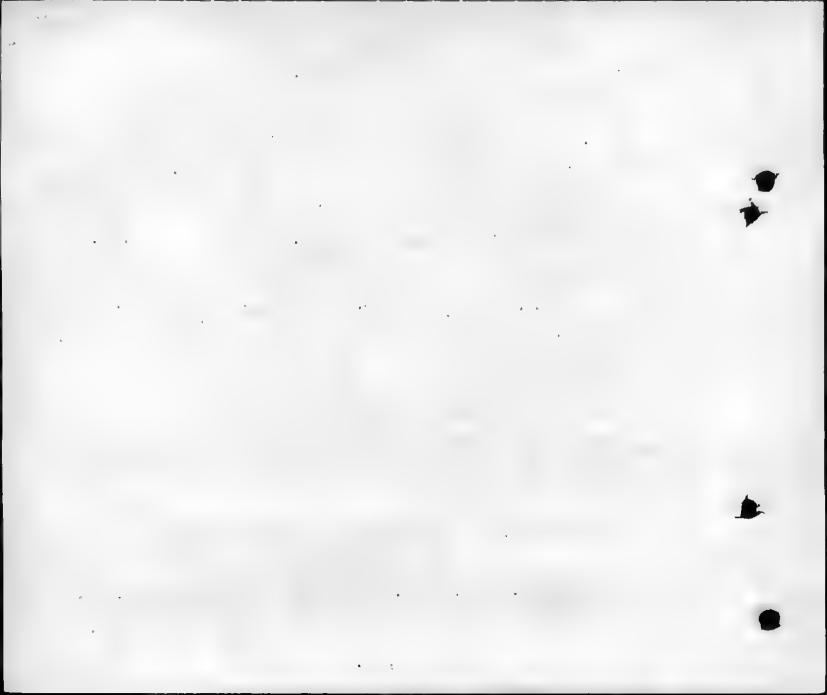
G HOSEITHE GE ATTENDENCE THYSICIAN: The low requires that the death certificate be exercised within 24 llours ofter death. Page 4

be retained by the hospitol or ottending physician.

ERAL DIRECTOR: After this certificate has been signed by the attending physician and 3 should be detached fig. use as the buriof-transit permit. Then please remove carbon provided the detached fig. use as the buriof-transit permit.

o buriof, cremotion, or removal,

ote Board of Health



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. EALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission o. COUNTY Allegany **b.** COUNTY MARYLAND Allegany c. LENGTH OF STAY IN 16 b CITY OR TOWN it I outside corporate fimils, write RURAL c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Frostburg, l Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Miners Hospital Green Point Rd. La 3 NAME OF Middle 4. DATE DECEASED OF JOSEPH **JOHN** RILEY (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR Male White WIDOWED [DIVORCED KI 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Cumberland, Md. Tractor-Trailer Driver Trucking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Yeteive Wilkinson Joseph J. Riley Sr. 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 215-36-8623Mr. Joseph J. Riley Sr. Rt. # 1 Cumb. No. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part 11 of Hem 18.) Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY (polary, street, off ce bldg, etc.) of work at work 21. I certify that I took charge of the remoins described above, held an Autopsy 🔀 . Inspection 🧭 Inquiry 🦰 opinion death resulted fram: Natural causes . Accident X Suicide . Homicide . Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER A NAME (Type) 22d LOCATION (City, fown, or county) 220 BURIAL CREMATION 226 DATE THEREOF

Hillcrest Burial

ADDRESS

Cumberland, Md.

Park

240. REC'D BY REGISTRAR

DAMEAR 1 0 '60

ON A FARM?

YES NO DO

PERLORMED?

(Stote)

and in my

DATE SIGNED

Cumberland, Maryland

246. REGISTRAR'S SIGNATURE

arthur S. Thouse

5M 2757

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

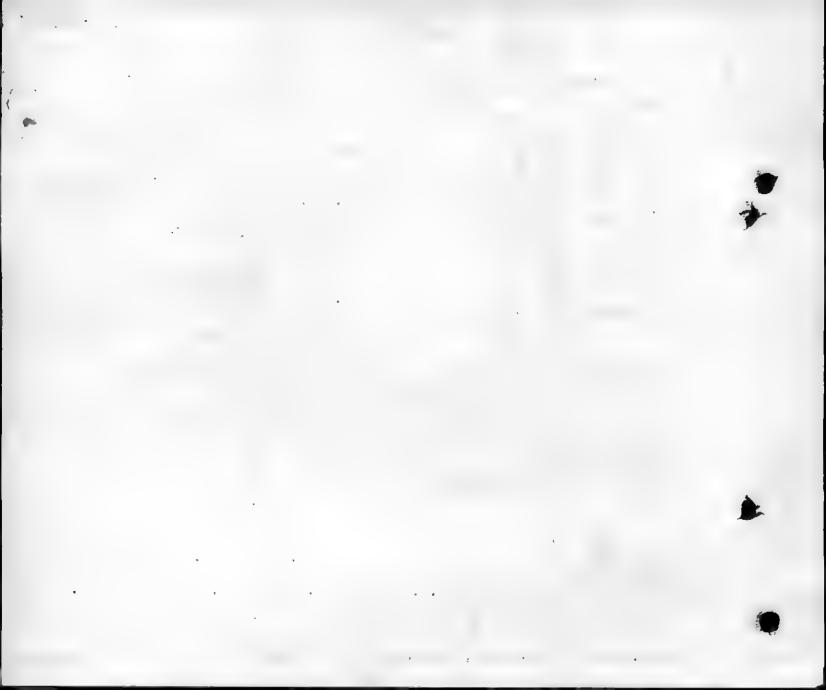
Wayne George

3/8/60

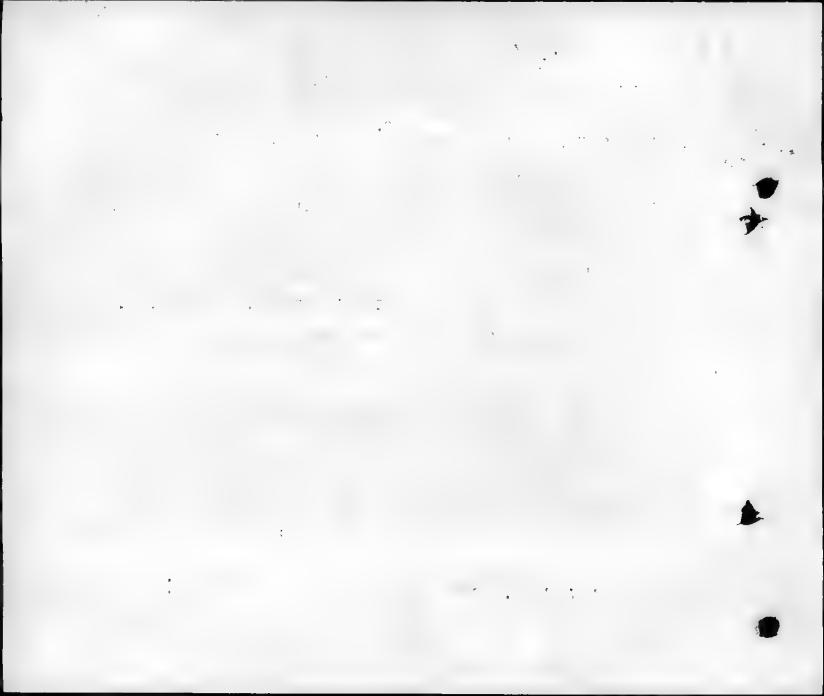


requires that the death certificate be executed within 24 hours after death. Page

ATTENDING PHYSICIAN:



hours after death



0

VR A15 (4) 1SM 9/S9

Wayne

George

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

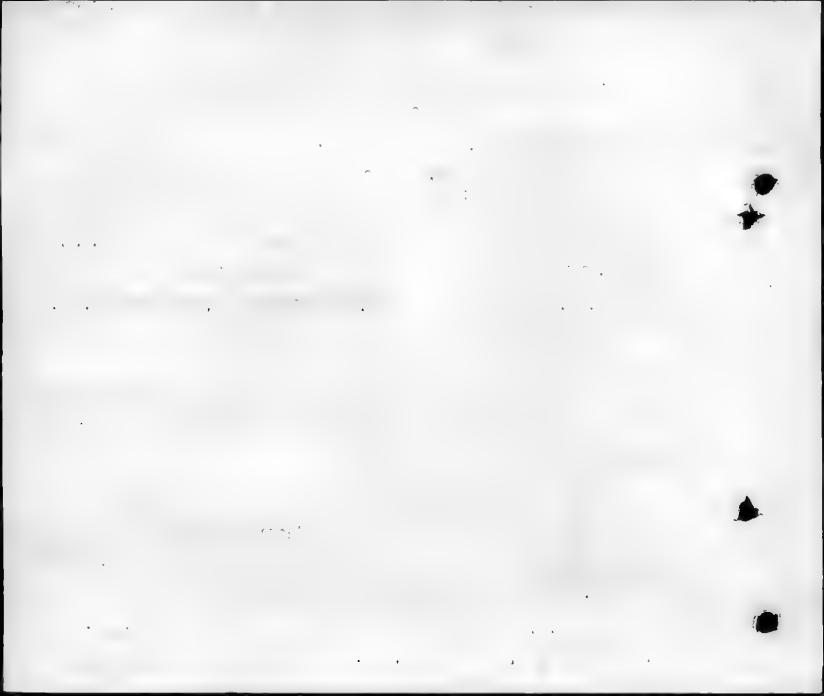
CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY o. STATE **b.** COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) **CUMBERLAND** DAYS CUMBERILAND IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? MORTALM HOSPITAL 619 WASHINGTON ST. YES NO A NAME OF First Middle 4. DATE Manth Day Year DECEASED OF DEATH **AGNES** SCHA LDT 1960 (Type or print) IDA MARCH IF JNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthdoy) Days Months Hours FEMALE WHITE DIVORCED F WIDOWED KI USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CumberlandMARYLAND Student Nurses House mother U.S.A. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY SANDERS KATHERINE MALONE 17 INFORMANT 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? T16. SOCIAL SECURITY NO. Address MEMORIAL HOSPITAL. CUMBERLAND, MD. No. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if any, which (6) gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f, (City or town) (Stole) Day, Year 20d, INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p. m. 79 Co-Afrat (I) (we) last 2). I certify that (1) (this haspital) attended the deceased fram. , and that death accurred at 9:45. from the causes and on the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE ATTENDING STAFF DIRECTOR . 22c PHYSICIAN'S 22d ADDRESS WILLIAMS 23g BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) B REMOVAL (Specify) 9/60 Cumberland. Maryland Rose urial 25h. REGISTRAR'S SIGNATURE **ADDRESS** 25g, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR S SIGNATURE DATE MAR 1 1 '60 Cumberland, ciriling & thank



TO VR A15 (4) 15M 9/59 3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2763 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE a. STATE MARYL	•	l. If institution b. COUNTY	Residence before ALLEGAN	re admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)	LENGTH OF STAY IN 16	c CITY OR TOWN	(If outside corporate li	mits, write RUR/	AL and give nea	rest tawn)
CUMBERLAND	12 DAYS	X CRES	SAPTOWN			
d NAME OF HOSPITAL (If not in hospital, give street ad OR METMOTONAL HOSPITAL	ldress)	d. STREET ADDRESS			},	e. IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK AVES		' Rt. 22	0			YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Da	у Үеот
(Type or print) JAMES	HENR'Y.	SHEPHERD	DEATH	MARCH	30	1960
5. SEX 6. COLOR OR RACE 7. MARRIES	D NEVER MARRIED	B. DATE OF BIRTH	9 AC			IF UNDER 24 HRS
MALE WHITE WIDOWED	DIVORCED	JUNE 4	1892 6	_	lanths Days	Haurs Min
18a USUAL OCCUPATION (Give kind of work dane 18b. KII during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SI	tote or fareign cauntry)	12. CITIZEN OF	WHAT COUNTRY?
	& O Railroa	d MARYLA	ND		U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME			
HENRY C. SHEPHERD		LAVE	RNA MC KEN	ZIE		
(Yes, no or unknown) Iff yes, give wor or dates of service)		NFORMANT		Address		
Yes W. W. 1 22	0-10-270 Mr	s. James S	Shepherd,	Cresa	ptown,	. Md.
1B CAUSE OF DEATH [Enter only one cause per line			1 - 0		INTE	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ataken L	eft ven	tricle			4
420, DUE TO /	1	1	0//			//,
Canditions if ony, which) (b) W	eassive n	inocardo	al /hjz	Col 150-	\ /	9
gave rise to immediate couse (o), stating the under-	m 0	200			1	
lying cause last. (c) (c)	Trough	Selerose	7		173	7
PART II. OTHER SIGNIFICANT CONDITIONS CO	_	NOT RELATED TO THE TE	ERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
3 / almond	77	Eder	دام			YES NO [
20a. ACCIDENT WAS UNDERLYING 1 20b DESCR	IBE HOW INJURY OCCURRE	D. (Enter nature of injury	r in Part I ar Part II of	item 18.)		(
OR CONTRIBUTING CAUSE OF DEATH						
	f	ACE OF INJURY Thame Totary, street, affice bldg		wn)	(County)	(State
	Nat while of work	ciarly sucost anice sing	1			
21 Certify that (I) (this haspital) attended	d the deceased fram		1947 ta 3	130	19.60 th	at (1) (we) last
saw the deceased alive an $\frac{1}{2}\sqrt{3}c$	19.00, and that a	death accurred	35M, from the	/		
220 SHELVA JREY	111		\			226 DATE
1 DINUBSCULIU	0 167	M D ATTENDING	DIRECTOR D	AFF	31	3/160
22c. PHYSICIAN'S NAME (Type)		22d ADDRESS		7	1 0	
DR. WEISMAN		Cenub	e aren	/ 	wit	
	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION			(Stote)
Burial Apr. 2, 1960	Biertown (Cemetery	Near	Rawlin	gs, Md	•
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTRAR	25b. REGISTR	AR'S SIGNATUI	RE
H. Wayne George, Cu	umberland, A	Id. DATE	APR 4 '60	and	hung & then	u.s



F.A.

MARYLAND	STATE	DEPARTMENT	OF HEALTH	
ALL AC CHARLESTO AL	DESERVOUS	AAID DEGARDS .	* - 1 Page	į

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02775

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh		on Residence before admission)	
ALLEGANY	MARYLAND	MARYLA	ND b. COUNTY	ALLEGANY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	ll	ulside corporate limits, write f	RURAL and give nearest lown)	
CUMBERLAND	8 DAYS	CUMBER	LANU,		
MEMORIAL & WARWICK AVES.	address)	d. STREET ADDRESS 618 BROO	KFIELD AVE.	e. IS RESIDENCE ON A FARM? YES NO 1	
3 NAME OF First	Middle	Last	4. DATE Mor	nth Day Year	
(Type or print) HENRY	E.	SIDAWAY	DEATH MARCH	20 19 60	
5. SEX 6. COLOR OR RACE 7. MARK MALE WHITE WIDOW		8-28-1884	9. AGE (In years lost birthday) 75 yrs.	Manths Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?	
Retired Letter Carrie		CUMBERLA	ND MD.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
ALFRED E. SIDAWAY		EMMA SUL	SER		
	SOCIAL SECURITY NO. 17. II	NFORMANT	Add	fress	
(If yes, give wor or dates of service)	None M	EMORIAL HOSPI	TAL CUMBERLA	NO, MO.	
18 CAUSE OF DEATH [Enter only one course let		- 1.0	.10	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	onary/12/2	with sence	Emple le	2 3 -> 2 1	
4 . 1 DUE TO //	1 /5 , 7	1.	- 10-		
Conditions, if any, which) (b)	1.2/1.36	17 15-64	ten is to the	t l	
gave rise to immediate couse (a), stating the under-					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Z					
PART II. OTHER SIGNIFICANT CONDITIONS () 200 ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 1B)		
3 20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	(County) {State}	
20c. TIME OF INJURY Month, Doy, Year 20d. II Hour a. m. 19 at wor	IADI AUIS	ctory, street, office bldg., etc.	" 7 /		
21 I certify that (I) (this haspital) attend	ded the deceased fram	2/7/36.19		C., 19, that (I) (we) last	
saw the deceased alive an 100	/ Late 19 and that a	death accurred 2:05	M, fram the causes at	nd an the date stated above	
220 SIGNATURE		ATTENDING M	ED _ STAFF _	226 DATE/ SIGNED	
22c PHYSICIAN'S	- 224 7	M.D. PHYS. DI 22d. ADDRESS	RECTOR PHYS	2/23/60	
NAME (Type) DR. R.J.WILLIAM	15	A. ODDRESS			
23a BUR AL, CREMATION 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	_	23d LOCATION (City, town,	**	
Burial 3-23-60		Cem.	Cumberland		
James F. Scarpelli Cu	ADDRESS amberland, Md	25a. REC'I		ISTRAR'S SIGNATURE	
		DATE			

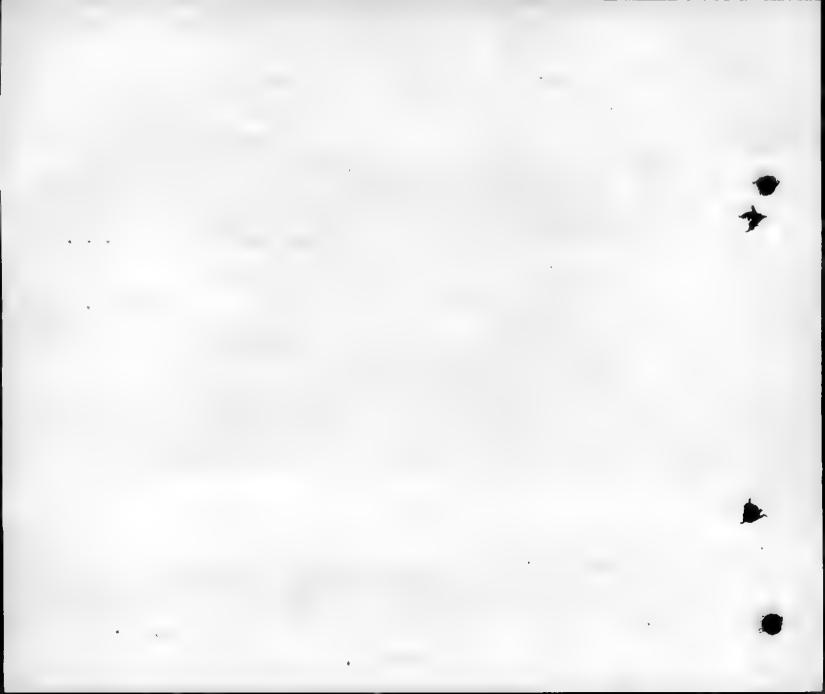


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to burial, cremation, ar removal, and in any event, within 72 Rage 3 should be detached the State Board of Health

VR A15 (4) 1SM 9/S9

1. PLACE OF DEATH o. COUNTY			MARYLA	- 11	o. STATE		ed lived. If institutio b. COUNTY	n. Residence be	
b CITY OR TOWN RURAL and give	(If outside corporate limit negrest town)	s, write c.	LENGTH OF STAY IN		.	If outside corp	porate limits, write RL		
	idland				× Mid	lland			
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in hospital, g		fress)		d. STREET ADDRESS		Dead		e. IS RESIDENCE ON A FARM? YES NO
	ans Rock F	<u>road</u>		11	Dania	Rock	Moan		I IS [] NO []
3 NAME OF DECEASED (Type or print)	RU!		Middle	S	IGLER	4. DATE OF DEAT	H 3/31/	/1960	Day Year
S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	В	DATE OF BIRTH				AR IF UNDER 24 HRS
Female	White	WIDOWED	•		10/30/189	95	lost birthdoy) 64 yrs.	Months Day	s Hours Min.
100 USJAL OCCUPAT	ION (Give kind of work of	dane 10b KIN	ND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
Ho	usewife			7	Frost			U.	S.A.
13. FATHER'S NAME	hm Tawfa				14. MOTHER'S MAIDE	n NAME • Yate	N (1)		
	hn Lewis er in u. s. armed for	CESS IA SO	CIAL SECURITY NO	17 INFO	PATELLE.	e lau	Addr Addr	ess	
(Yes. no. or unknown)	If yes, give war or dates of se	ervice)				~7 ~~	Midla	and M	D.
No_	<u> </u>		None	٠	oseph Si				
	EATH [Enter only one co	use per line (for (o), (b), and ((c).]	0	· ((Hu	sband,)		NTERVAL BETWEEN
PARI I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (6)		yocard	al	cocher	nd			mouths
11.0	X DUE TO	0	4						
Conditions, if	ony, which } (b)		ilano.	sd	212019				years
gave rise to cause (a), stating	immediate (DUE TO	7 -	((00-6				4.
lying couse lost	·	de	abetes	VV	belletin	Δ			cpan
PART II. O	THER SIGNIFICANT CON		NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	RMINAL DISE	ASE CONDITION GIV	EN IN PART 1(o	PERFORMED?
O ACCIDENT M	IAS UNIDERIVANCE	ant percei	SE HOW INTERESTOR	CHOOSE	(Enter noture of injury	in Past Las P	art Is of item 18.)		113 140
	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESCRI	BE HOW INJURI OCK	JORKED	(cuter notice of injury	111 101 1 01 1	are is or ment roly		
	JRY Month, Day, Yea			Oe. PLAC	E OF INJURY (Home, i	form, 20f. (C	ity or town)	(Coun	ty) (Slote
Havr a.m	10	While of work	No! while	_	ry, sireer, orrice bidg.,	916.1)			
	ial (1) (this haspital) attended	the deceased for	comp.	Ny 30	1956 to	March?	1, 196 0	that (I) (we) las
· · · · · ·	ased alive an Ma	' 1		\ \			n the causes an		
220 STGNATURE		50	1 01101	101 00	ann ascorred or .	, 777, 71 CH	ii tiic caaaca aii	o dii inc oc	22b DATE
La sel	V. K.	nil.	· July	M.	D ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.		3.3 SIGNE
22c. PHYSICIAN'S			21 17.		22d. ADDRESS	WINZGIOR L			<u> </u>
LESL)	R MIL	ES	M CI)	D	10	NACO	VINC	MD.	
			23c NAME OF CEMET	EDV OD			ATION (City, town, c		154-4-3
23a BJRIAL, CREMAT REMOVA, (Specif	y)				_				(State)
Burial	4/2/196	OU	Memoria	al F	ark		rostburg		TIIDE
24, FUNERAL DIRECTO		*	ADDRESS	a .		EC'D BY REG		TRAR'S SIGNA	
(25/C) R(24)	RTCHHORN	1 3	ON A CONTINU	70	ALL DATE	no A da	60 Cat	Lucy X Time	444



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Allegany W. Va. b. COUNTY Hampshire MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Greenspring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARMA D. O. A. Memorial Hosp. Green Spring Valley YES NO K NAME OF Middle 4. DATE Month OF DEATH 18. 1960 John Edward Smith March (Type or print) 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. fort birthdoy) White Months Male WIDOWED KI 1896 DIVORCED | Dec. 21. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) B. & O. Rwy. Carpenter Hampshire Co. W. Va. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Wmith Ella J. Marker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Cumberland., (Yes, no, or unknown) (If yes, give wor or dales of service) Donald E. Smith Yes. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Sudden PART I. DEATH WAS CAUSED BY: occlusion, left Coronary IMMEDIATE CAUSE (a) **DUE TO** Coronary sclerosis with thrombosis Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying Myocardial hypertrophy, marked couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES 🚺 NO 🗌 CERTIF 20a. EXTERNAL CAUSE WAS PRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18,) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy 📉 Inspection 🔼 Inquiry 🦳 and find that deoth resulted from: Notural couses [X], Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 3/19/60 ASSISTANT MEDICAL EXAMINER Benedict Skitarelic M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER KK NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial

Burial 3/21/60 Fort Ashby Cem. Fort Ashby. W. Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

MAR 2 2 '60

VS. A1 [5] 5M 9/55

Wayne George

Cumberland. Md.

NERAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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2100	CERTIFICA	IL OI PLAIII		Reg. Dist. No. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived. If institutio	n Residence before admission)
a COUNTY	MARYLAND	o. STATE	b. COUNTY	
b CITY OR TOWN (if outside carporate limits, write c.	LENGTH OF STAY IN 16	MARYTAN c CITY OR TOWN (If or	I J Itside corporate limits, write RL	ALLEGANY IRAL and give negrest town)
RURAL and give nearest town)		11	mas corporate initial, wille to	and one give notion,
d. NAME OF HOSPITAL (If not in hospital, give street add	3DAYS	CUMBERI	AND	
OR INSTITUTION	ressi	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SACRED_HEART_		18 HARR	TSON ST	YES NO T
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Year
(Type or print) AT.BERT	J.	STEPPE	DEATH 3	9 1960
	NEVER MARRIED B.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
The state of the s		9-1-1893	last birthday) AA yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN			1. 00 1	12.CITIZEN OF WHAT COUNTRY?
during most of working life, even it refired)				
Store Keeper Helper Ra	altroad		ND Cumberland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
HARMAN M. STEPPE (D)		TDA B. S	TEPPE (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOI {Yes, no, or unknown} (II yes, give wor or dates of service)	CIAL SECURITY NO. INF	ORMANT	Addre	255
No		DUIS CHADE		
1B. CAUSE OF DEATH [Enter only one cause per line fi	or (a), (b), and (c)]	I D VIII L		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	11-	1.	1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	vince,	mein	rac	3 oran
455,0 DUE TO 0	0 ./	^ -/	0.	_
Conditions, if any, which (b)	med	arter	Energy	
gove rise to immediate Course (a), stating the under-	70,0			
lying cause last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CON				PERFORMED? YES NO P
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIE	BE HOW INJURY OCCURRED.	(Enter nature of injury in Pr	art I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	A TION WOOK OCCORDS.	genier notice of migray in the		
÷	IRY OCCURRED 20e PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(County) (Stote)
Hour a m. While p. m. 19 of work	Not while	ry, street, affice bidg , etc.)		
	1	7 111. 1	6/ 0	
21. I certify that I attended the deceased	2 // 1	190 v, to 4	1	hat I last saw the deceased
alive an 19 b	O., bhd that death o	occurred at 6:10P	M, from the causes and	d an the date stated above.
20 1 100	, 1	0 *	DDRESS (Street, city ar town,	DATE SIGNED
SIGNATURE 3	della M.	0. 143/m	unday	was by 3/142
aumaiaianis				1. 61.10
PHYSICIAN'S NAME (Type) B. M. SCHTNDT, ER.	M.D.	43 GREE	NE ST.	
220. BURIAL CREMATION, 22b. DATE THEREOF	2c. NAME OF CEMETERY OR C		22d. LOCATION (City fown, or	r county) (Stote)
REMOVAL (Specify)	Sts Peter& F		Cumberland	
				TRAR'S SIGNATURE
James F. Scarpelli Cum	ber land, Md.	24a. REC'D		
		DATEMAS	14'60 ant	lun S. Thank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived If institutions fearneance before admission PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Health, Allegany ALABYLAND files b CITY OR TOWN (If outside corporate him to, we to BURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive entred town? XHXXXXX Frostburg Baltimore 20 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 061 YES TO NO F Miner's Hospital 否. Jenton Lane 3. NAME OF Middle 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) Edward Swauger 5 SEX 9. AGE (In years 6 COLOR OR RACE 7- MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH TEUNDER TYFAR JE UNDER 24 HRS. fast birthday) Months Davs Hours WIDOWED [DIVORCED 600 Male 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? age during most of working life, even if retired) Md. School Boys Kixxaar Engineer Mt. Savage U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Swauger Jennie Mann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7-10-5125 Albert Swauger, Bro. Mt. Savage, Md. No. INTERVAL BETWEEPE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, If ony, which gave rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS MENFORMED? NO [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury, in Part I or Port II of item 18) 20o, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 120f. (C'ty or town) Month, Day, Year (County) (State) sloctory, street, off ce bldg, etc.) White Not while at work 1960 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 . Inspection 🕅 . Inquiry 🖼 forwarded DIRECTOR: Accident X Homicide . opinion death resulted fram: Natural causes Suicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE Mar 3 1960 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BUR AL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial 13-4-1960 Hyndman Hyndman Cemetery 23. MINERAL DIRECTOR'S SIGNATURE SI Fune inpress Home 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR ATRME Frostburg. Ad. Circles S. Kraus DATEMAR



MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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CERTIFICATE OF DEATH

	2767	CERTIFIC	AIE OF DEA	In		Reg. Dist. No	•	
1. PLACE OF DEATH a. COUNTY ALLEGAN	Y	MARYLAND	2. USUAL RESIDENCE SMARYLAN	(Where deceased liv	ed. If institution b. COUNTY	ALLEGAN		n)
b. CITY OR TOWN RURAL and give r CUMBERL	(If outside corporate limits, write neorest tawn)	c. LENGTH OF STAY IN 16 4 DAYS	c. CITY OR TOWN 02. CUMBERL	(If autside carporate AND	limits, write RU	JRAL and give ne	arest town}	
OR INSTITUTION	MAL (If not in haspital, give street EART HOSPITAL	oddress)	/ d. STREET ADDRESS	s LAND AVE.			e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	First MINNIE	Middle	TRIMBLE	4. DATE OF DEATH	MARCH	22	19	60
5 SEX FEMALE	NEGRO WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOVEMBER 1	9, 1907	lost birthday) 52 yrs	Months Days	Haurs	Min.
House Maid	ON (Give kind of work dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	MARYLA	ND Cumber		12. CITIZEN O		UNTRY?
	TRIMBLE (DECEAS		14. MOTHER'S MAIDE REBECCA		(DECEAS			
IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service	social security no. 	mformant s. Robert H	olmes, Cı	Addr amberla		yland	i
Canditians, if a gave rise to cause (a), stoting lying cause last.	immediate DUE TO	CONTRIBUTING TO DEATH BJ	T NOT RELATED TO THE TE	Anlus ERMINAL DISEASE CO		7	SET AND O	JTOPSY
PART II OT	AS UNDERLYING 206 DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	r in Part I ar Port II	of item 18)		PERFORI YES	
20c TIME OF INJU Hour a.m. p. m.	RY Manth, Day, Year 20d. I While at war	Nat while fo	ACE OF INJURY (Home, actory, street, affice bldg.,	form, 20f. (City or etc.)	tawn)	(Caunty)		(State)
21. I certify to alive an	bet highded the decease, 19	sed fram Polity / / 20, and that death	185 43 103 h accurred at	M, fram the	causes and	that I last say d an the date state)	e stated	
PHYSICIAN'S B. 220 BURIAL, CREMATIC	LAINE M. SCHIND	LER. M.D.	GREE		UMBERLA		(State)	
REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	3/25/60	Woodlawn Mc	morial Park		land,	Marylani	i	
	afer. Cumberla	***	DATE	MAR 2 8 '60		Thung S. Kro		



02781

CERTIFICATE OF DEATH

\		Keg. Dist, No.				
)	1 PLACE OF DEATH 6. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland b. COUNTY Allegany				
	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give peorest lown) RURAL and give peorest lown) LI MO. 6 das.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland				
Κ	d NAME OF HOSPITAL (If not an hospital, give street address) OR INSTITUTION Sylvan Retreat	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A FARM?				
	3 NAME OF First Middle DECEASED (Type or print) Nattie Virginia	Willis 4. DATE Manth Doy Year OF DEATH March 26 1960				
	Female Colored widowed Divorced	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 83 yrs. Months Doys Mours M.n.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	TRY 11 SIRTHPLACE (Slote or foreign country) West Virginia U.S.A.				
	13. FATHER'S NAME LOUIS Willis	14 MOTHER'S MAIDEN NAME Mimi Walker				
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN (Yes, to or prohomor) (He yes, give wor or defee of service)	lyvan Retreat Cumb Us &				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 432 Chronic 7 DUE TO Conditions, if only, which) (b) 450 Chronic 7	rystardial Legeneration Interval Between ONSET AND DEATH				
	gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO (c) 241 Branch	ial æstheux ?				
2	304 deudle psyche	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO				
		(Enter nature of injury in Port II or Port II of item 18.)				
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while foci of work of work 19 o	CE OF INJURY (Home, form, lory, street, affice bldg., etc.) 20f. (City or town) (County) (Slate)				
1	21. I certify that I attended the deceased fram Chic 2 ative an NA2 24 K, 1960, and that death SIGNATURE SIGNATURE	accurred at 5-36 p.M. from the causes and an the date stated above ADDRESS (Street, city or John, state) RATE SIGNED ADDRESS (Street, city or John, state) RATE SIGNED ADDRESS (Street, city or John, state) RATE SIGNED				
	PHYSICIAN'S James E. McLean, M.D.	49 Greene St., Cumberland, Md.				
	220 BYRIAL, CREMATION, 226 DATE THEREOF. 220 NAME OF CEMETERY OR REMOVAL GOOGLESSY 3/5-9/60 Russelful	Con (unbeland)17d.				
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATEMAR 3 0 '60 Cuthur & Kround				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, it is a should be detached for use as the burial-transit permit. Then please remove corbon pages. It is and 2 should be filed with the registror prior to burial impation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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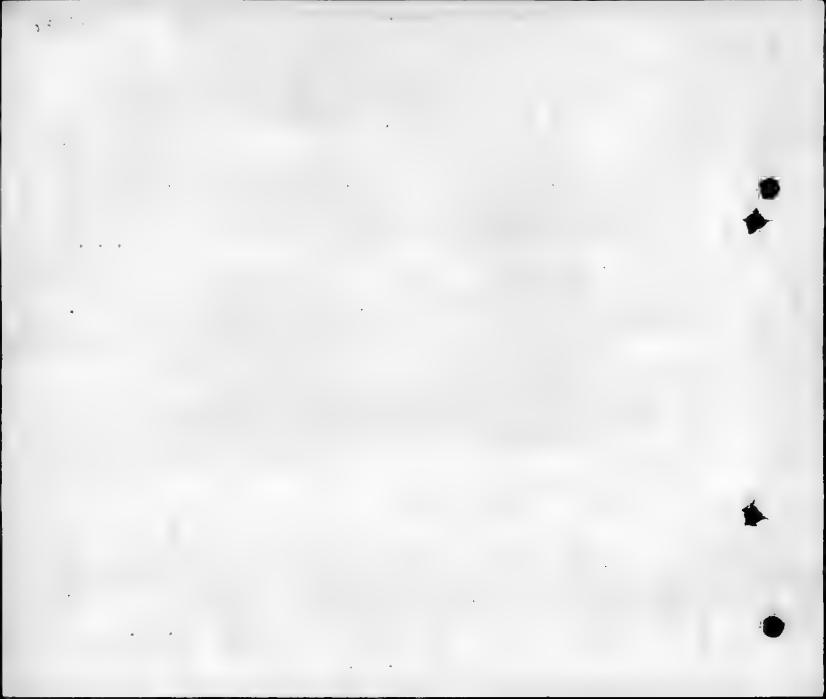
	6/11						
)	1. PLACE OF DEATH COUNTY ALLEGANY	MARYLAND 2. USUAL RESIDENCE	E (Where deceased lived. If institution: Residence by AND b. COUNTY ALLEG				
	b. CITY OR TOWN (If outside corporate limits, write c LI RURAL and give nearest town)	1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
Δ	d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL & WARWICK AVES	/d. STREET ADDRES	ss LENMORE STREET	e IS RESIDENCE ON A FARM? YES NO			
	3 NAME OF DECEASED (Type or print) RAPHAEL	Middle Lost AGNES WINNER	4. DATE Month OF DEATH MARCH	Day Year 31 19 60			
1	S. SEX 6. COLOR OR RACE 7 MARRIED WILL WILL WILL WILL WILL WILL WILL WIL	DIVORCED OCTOBER 22,	, 1890 last birthdoy) Months Day				
		Murphy Co. FROSTEL	JRG, MD. U.S.	A .			
	13. FATHER'S NAME JOHN T. PARKER	14. MOTHER'S MAID WINIFE	PEN NAME RED PRENDERGHAST				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17. INFORMANT MEMORIAL I	Address	, MD.			
	18. CAUSE OF DEATH (Enter only one couse per hine for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause lost. (c)	lerogler	arditis	DISSET AND DEATH			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							
	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of injul	ry in Part I or Port II af item 1B)				
	Hour a m While _	Y OCCURRED Not while at work 20e PLACE OF INJURY (Hame, factory, street, office bldg		nty) (Stote)			
	21. I certify that (1) (this haspital) attended to sow the deceased affive an 2 72 / fr 220 SIGNATURE/ 220 PHYSICIAN'S NAME Type) RICHARD J. WILLIAM 230 BURIAL, CREMATION, 236 DATE THEREOF 236	19, and that death occurred dt; M.D. ATTENDING PHYS 22d ADDRESS Medical	MED. STAFF DIRECTOR D STAFF	that (I) (we) last ate stated above 22b,0ATF 2510FNED berland, Mc			
	REMOVAL (Specify)	Sunset Memorial Par		and			
1/4	John J. Hafer. Cumberlan	_	EAPR 4 '60 author S. H				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 rame be rehained by the hospital or attending physician.

TO RERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel for in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pieces remove carbon page 1. I and 2 should be filled with the State Board of Health for burial, cremation ar remayal, and in any event, within 72 hour fer death.

VR A1S (4) 1SM 9/59



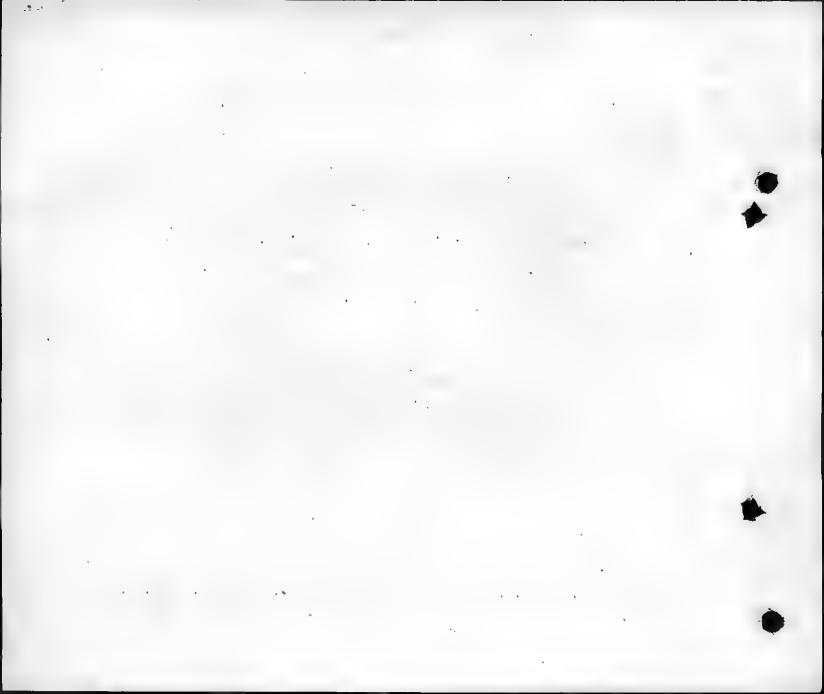


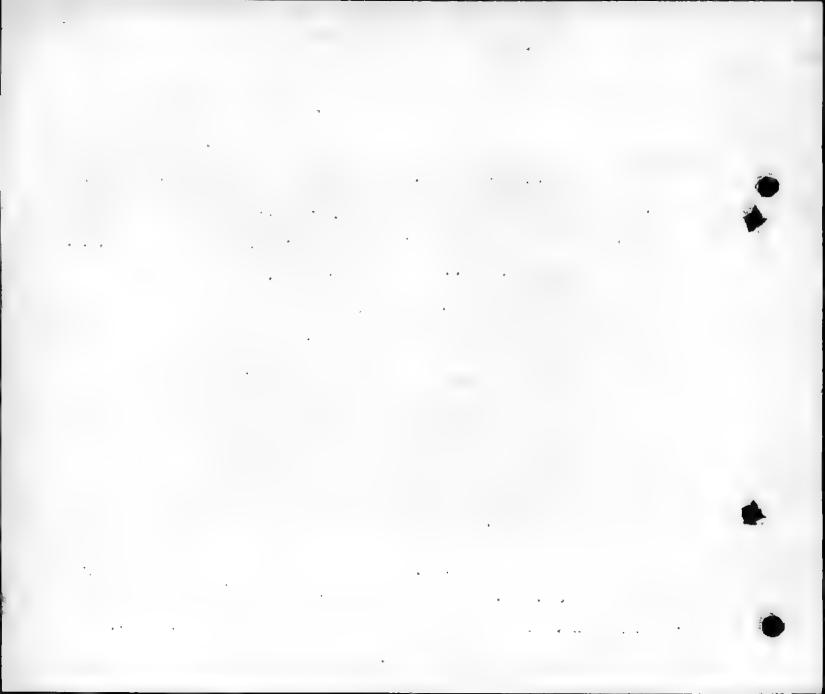
CERTIFICATE OF BEATH

02784

		2779	CERTIFIC	ATE OF DEAT	п	Reg.	Dist. No.		
1	PLACE OF DEATH a. COUNTY ALTEGA	NY	MARYLAND	2. USUAL RESIDENCE (V o. STATEMARYT A	Vhere deceased live		dence befare LLEGAN		
	b. CITY OR TOWN (IF RURAL and give near CTMBTRLA	autside carporate limits, write rest fawn)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (H	autside corporate	timits, write RURAL o	nd give neare	st tawn)	
1	 OR INSTITUTION 	L (if not in hospitol, give street CART HOSPITAL	oddress)	d STREET ADDRESS	ECHANIC S	STREET		IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	First ROSS	Middle	WOLFE	4. DATE OF DEATH	Month 3	20°	1960 Yeor	
	s. sex	6 COLOR OR RACE 7 MARK		8. DATE OF BIRTH 3-2-1894	9. A	AGE (In years IF UNI	-	Hours Min	
		N (Give kind of wark done 10b	KIND OF BUSINESS OR IND	a Hige	estown	"m2 12.	USA.	VHAT COUNTRY?	
1	15 FATHER'S NAME	Unknow	~ //	14. MOTHER'S MAIDEN	NAME RO	32			
الر		IN U. S. ARMED FORCES? 16.	17-10-1885	PT'S CHAR	T	Address			
	PART I. DEATI	H [Enter only one couse per li H WAS CAUSED BY: MMEDIATE CAUSE (a)	ne for (a), (b), and (c).] Uremia					VAL BETWEEN	
	Canditions, if an	y, which) (b)	Congestive	Heust 7-a	Muse .	and	4	18445	
	cause (a), stating the	I stating the under DUE TO 14 y dro- 14 busines of Stacharu Calculus Lett/latras 3-4 y is							
)	CATIC	R SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE CO	INDITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO 12	
		UNDERLYING 206 DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURI	ED (Enter nature of injury in	n Part I or Part II o	of item 18)			
	ZOc. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home for actory, street, affice bldg., e		town)	(County)	(State)	
		it I attended the deceas							
		<u>5-19</u> , 194	o, and that deal	h accurred at Z:5!		causes and an city or lawn, state)	the date :	stated abave. DATE SIGNED	
	ACTUAL SIGNATURE 1	Oelliain ?	elmier.		M Creak			-31-60	
	PHYSICIAN'S NAME (Type)		U. P. Iames, K	1,1/		St., Cumb.M	~		
	220 BUR AL, CREMATION REMOVAL (Specify)	3/23/60	Sunset >	or CREMATORY Ph.	Cum	City, town or coun	8, m	12(0)	
	23. FUNERAL DIRECTOR'S	SIGNATURE!	ADDRESS	11. 11	C'D BY REGISTRAR AR 23'60	24b REGISTRAR'S	- 1-	•	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ed in by the funeral directar, I and 2 shauld be filed with ERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely page 3 should be detached use as the burial-transit permit. Then please remove carbon page the registrar prior to burio. Addion, or remayal, and in any event within 72 hours of death FOT VS A15 (4) 1SM 9/58





VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2772

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (When	1	ALLEGANY
b. CITY OR TOWN (If outside carporote limits, write RUBAL and give nepted town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside carporate limits, write RU LAND	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION MEMORIAL HOSPITAL	oddress)	d. STREET ADDRESS 500 BA	LTIMORE AVENUE	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) PERCY	McMullen ZEI		4. DATE Mont OF DEATH MAI	RCH B 19 60
S. SEX MALE 6. COLOR OR RACE WHITE WIDOWE		July 2, 189	9. AGE (In years fact birthdoy) 61 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
DHILDELL	kind of Business or Indus	BEDFORD V	ALLEY, PA.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Emanuelzembower		ALICE MC		
(Yes, no, or unknown) {If yes, give wor or dates of service}		MEMORIAL HOSPI	RWICK & MEMORY TAL - CUMBERL	TAL AVENUE AND, MARYLAND
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	whospis J whospis J whospis J whospis ord contributing to death BUT fribe HOW INJURY OCCURRED AJURY OCCURRED 200. PL	NOT RELATED TO THE TERMIN	ort I ar Port II of item 1B.)	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH BUILD PROPERTY EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO [] (County) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram 6 months of the saw the deceased alive an 8 months of the same that death accurred at M, from the causes and an the date stated abave 220. SIGNATURE W. alful Van Olmer M.D. ATTENDING MED. STAFF DIRECTOR STAFF BY DIRECTOR STAFF 10 (6)				
22c. PHYSICIAN'S NAME (Type) DR. W. A. VAN (CUMBEI	SOUTH CENTRE RLAND, MARYLAN	4D '
23a. BURIAL, CREMATION, REMOVAL (Specify) 3/11/60	Fellowship	Cemetery	Centrevill	e, Penna.
24. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumb	erland, Mar	* 1	1 . 100	Chun S. Kraus

MIGNOS LINES THURSDELL CYMIS CHIPCHAIL DELETTE PERSONAL TROPE SPECIAL CO. 35 14,21,1 (1.5,4), (1.5 with the second of the second

0 VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

Hours Days 12. CITIZEN OF WHAT COUNTRY? U. S. Address Cumberland . Md. Allegany County Infirmary Records INTERVAL BETWEEN THE TERMINIAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State) (County) ___ 19___that I last saw the deceased and that death accurred at 1:30AM from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (State) St. Lukes Cemeterv Cumberland. Md. **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cumberland. Md. DATE APR 4 arthur & Kraus

e. IS RESIDENCE ON A FARM?

30

YES NOT

Year

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	307 Franklik Street	grandin)	Anthop Auset	17
, 22,	double of the		014000	
	16 676 8/15/	1	w. A.C.W	eliel
A. B.N	bnalgest .	5.40%(14)	k growin - be	Retin
	removering endloses	*	nar . H autot.	
Liverlund, Listorius	Allegany County Enthrone			
		See Also		
	AND	s be very		
	9/50 3/39/60 2:30AM	1/11	3/,29,/60	
3/30/66	Company Otherstand			
		ing . Je lik		T. Section